General

Common Present on Admission Diagnosis

[] Acidosis	Details
Acute Post-Hemorrhagic Anemia	Details
] Acute Renal Failure	Details
Acute Respiratory Failure	Details
 Acute Thromboembolism of Deep Veins of Lower Extremities 	Details
] Anemia	Details
[] Bacteremia	Details
Bipolar disorder, unspecified	Details
[] Cardiac Arrest	Details
[] Cardiac Dysrhythmia	Details
[] Cardiogenic Shock	Details
[] Decubitus Ulcer	Details
[] Dementia in Conditions Classified Elsewhere	Details
[] Disorder of Liver	Details
[] Electrolyte and Fluid Disorder	Details
[] Intestinal Infection due to Clostridium Difficile	Details
[] Methicillin Resistant Staphylococcus Aureus Infection	Details
[] Obstructive Chronic Bronchitis with Exacerbation	Details
[] Other Alteration of Consciousness	Details
] Other and Unspecified Coagulation Defects	Details
] Other Pulmonary Embolism and Infarction	Details
[] Phlebitis and Thrombophlebitis	Details
Protein-calorie Malnutrition	Details
[] Psychosis, unspecified psychosis type	Details
[] Schizophrenia Disorder	Details
[] Sepsis	Details
[] Septic Shock	Details
[] Septicemia	Details
 [] Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled 	Details
[] Urinary Tract Infection, Site Not Specified	Details
Admission or Observation (Single Response) (Selectior	n Required)
() Admit to Inpatient	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	progress notes, I expect that the patient will need hospital services for two or more midnights.
	progress notes, I expect that the patient will need hospital services for two or more midnights. Admitting Physician:
 Outpatient observation services under general supervision 	progress notes, I expect that the patient will need hospital services for two or more midnights. Admitting Physician: Patient Condition:
supervision	progress notes, I expect that the patient will need hospital services for two or more midnights. Admitting Physician: Patient Condition: Bed request comments:
 () Outpatient observation services under general supervision () Outpatient in a bed - extended recovery 	progress notes, I expect that the patient will need hospital services for two or more midnights. Admitting Physician: Patient Condition:

Admission or Observation (Single Response) Patient has active status order on file

() Admit to Inpatient	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments: Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
Admission (Single Response)	
Patient has active status order on file.	
() Admit to inpatient	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
Code Status	
[] Full code	Code Status decision reached by:
DNR (Selection Required)	· · · · · · · · · · · · · · · · · · ·
[] DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
[] Consult to Palliative Care Service	Priority:
	Reason for Consult?
	Order?
	Name of referring provider:
	Enter call back number:
[] Consult to Social Work	Reason for Consult:
[] Modified Code	Does patient have decision-making capacity?
11. The short of Destrictions	Modified Code restrictions:
[] Treatment Restrictions	Treatment Restriction decision reached by:
	Specify Treatment Restrictions:
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you	Once, Sputum
suspect Tuberculosis, please order this test	
for rapid diagnostics.	
[] Contact isolation status	Details
[] Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Case Request	
[] Case request operating room	Details
[] Case request cath lab	Details

Nursing Nursing [] Schedule for first shift dialysis if patient is scheduled for Routine, Once For 1 Occurrences dialysis on the day of surgery [] No blood draws or IV's in the arm of the anticipated Routine, Until discontinued, Starting S dialysis access - place sign over bed [] Complete consent for Routine, Once Procedure: **Diagnosis/Condition:** Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Diet [] Diet - Regular Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Diet effective now, Starting S [] Diet - Heart Healthy Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Diet effective now, Starting S Diet - Renal [] Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K) Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Diet effective now, Starting S [] Diet - 1800 Carb Control Diabetic Diet(s): Other Diabetic/Cal Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: [] NPO Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options: Diet effective midnight, Starting S+1 at 12:01 AM [] NPO - After midnight NPO: Except meds Pre-Operative fasting options:

IV Fluids

IV Fluids (Single Response)

() sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous
() lactated Ringer's infusion	75 mL/hr, intravenous, continuous
() dextrose 5 % and sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous
() dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous
() sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous
() sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous

Medications	
Contrast Allergy Prophylaxis	
] Contrast Prophylaxis (Selection Required)	
[] methylPREDNISolone (MEDROL) tablet	32 mg, oral, once, For 1 Doses
	Give 12 hours prior to the scheduled procedure
[] methylPREDNISolone (MEDROL) tablet	32 mg, oral, once, For 1 Doses
	Give 2 hours prior to the scheduled procedure
[] fexofenadine (ALLEGRA) tablet	60 mg, oral, once, For 1 Doses
	Give 12 hours prior to the scheduled procedure
[] fexofenadine (ALLEGRA) tablet	60 mg, oral, once, For 1 Doses
	Give 2 hours prior to the scheduled procedure
[] famotidine (PEPCID) tablet	20 mg, oral, once, For 1 Doses
	Give 12 hours prior to the scheduled procedure
[] famotidine (PEPCID) tablet	20 mg, oral, once, For 1 Doses
	Give 2 hours prior to the scheduled procedure
X) ceFAZolin (ANCEF) IV - For Patients GREAT 120 kg	ER than 3 g, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision.
	On call to operating room. Administer 1 hour prior to the
120 kg	On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
120 kg) If Beta-Lactam Allergic: vancomycin + levoflox	On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
 120 kg) If Beta-Lactam Allergic: vancomycin + levoflox (LEVAQUIN) IV 	On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis kacin "And" Linked Panel 15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision
 120 kg If Beta-Lactam Allergic: vancomycin + levoflox (LEVAQUIN) IV vancomycin (VANCOCIN) IV 	On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis kacin "And" Linked Panel
 120 kg) If Beta-Lactam Allergic: vancomycin + levoflox (LEVAQUIN) IV [] vancomycin (VANCOCIN) IV 	On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis kacin "And" Linked Panel 15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incisio Reason for Therapy: Surgical Prophylaxis
 120 kg If Beta-Lactam Allergic: vancomycin + levoflox (LEVAQUIN) IV vancomycin (VANCOCIN) IV 	On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis kacin "And" Linked Panel 15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Pre-op
 120 kg If Beta-Lactam Allergic: vancomycin + levoflox (LEVAQUIN) IV vancomycin (VANCOCIN) IV levofloxacin (LEVAQUIN) IV solution 	On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis kacin "And" Linked Panel 15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis
 120 kg If Beta-Lactam Allergic: vancomycin + levoflox (LEVAQUIN) IV vancomycin (VANCOCIN) IV levofloxacin (LEVAQUIN) IV solution 	On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis kacin "And" Linked Panel 15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis 4 "And" Linked Panel
 120 kg If Beta-Lactam Allergic: vancomycin + levoflox (LEVAQUIN) IV vancomycin (VANCOCIN) IV levofloxacin (LEVAQUIN) IV solution If MRSA Suspected - ceFAZolin (ANCEF) and 	On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis kacin "And" Linked Panel 15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis "And" Linked Panel
 120 kg If Beta-Lactam Allergic: vancomycin + levoflox (LEVAQUIN) IV [] vancomycin (VANCOCIN) IV [] levofloxacin (LEVAQUIN) IV solution) If MRSA Suspected - ceFAZolin (ANCEF) and vancomycin IV - For Patients GREATER than 	On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis (acin "And" Linked Panel 15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis d "And" Linked Panel 120 kg
 120 kg If Beta-Lactam Allergic: vancomycin + levoflox (LEVAQUIN) IV [] vancomycin (VANCOCIN) IV [] levofloxacin (LEVAQUIN) IV solution) If MRSA Suspected - ceFAZolin (ANCEF) and vancomycin IV - For Patients GREATER than 	On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis kacin "And" Linked Panel 15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis 120 kg 3 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer 1 hour prior to the opening incision.
 120 kg If Beta-Lactam Allergic: vancomycin + levoflox (LEVAQUIN) IV [] vancomycin (VANCOCIN) IV [] levofloxacin (LEVAQUIN) IV solution) If MRSA Suspected - ceFAZolin (ANCEF) and vancomycin IV - For Patients GREATER than [] ceFAZolin (ANCEF) IV 	On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis kacin "And" Linked Panel 15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis 3 g , intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis 3 g , intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
) If Beta-Lactam Allergic: vancomycin + levoflox (LEVAQUIN) IV [] vancomycin (VANCOCIN) IV [] levofloxacin (LEVAQUIN) IV solution) If MRSA Suspected - ceFAZolin (ANCEF) and vancomycin IV - For Patients GREATER than 	On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis kacin "And" Linked Panel 15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis 120 kg 3 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer 1 hour prior to the opening incision.

incision. Reason for Therapy: Surgical Prophylaxis

On call to the operating room. Administer 1 hour prior to the opening

PreOp Antibiotics: For Patients LESS than or EQUAL to 120 kg (Single Response)

or 2 g, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
in "And" Linked Panel
15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis
500 mg, intravenous, once, For 1 Doses, Pre-op On call to operating room. Administer 1 hour prior to the opening incision Reason for Therapy: Surgical Prophylaxis
"And" Linked Panel AL to
2 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis

[] vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer 1 hour prior to the opening incision. Reason for Therapy: Surgical Prophylaxis
IV - Hydration Protocol	
[X] Pre-Procedure (Single Response)	
() Inpatient (Single Response)	
() Patients with EF LESS than 40% or with	125 mL/hr, intravenous, continuous
evidence of fluid overload	125 mL/hr x 2 hours = 250 mL
() Patients with EF GREATER than 40% or no	1 mL/kg/hr, intravenous, continuous
evidence of fluid overload	Start 12 hours pre-procedure (overnight)
() Outpatient (Single Response)	
() Patients with EF LESS than 40% or with	125 mL/hr, intravenous, continuous
evidence of fluid overload	125 mL/hr x 2 hours = 250 mL
() Patients with EF GREATER than 40% or no	250 mL/hr, intravenous, continuous
evidence of fluid overload	250 mL/hr NS for 2 hours = total 500 mL NS
[X] Intra-Procedure (Single Response)	
() Patients with EF LESS than 40% or with	1 mL/kg/hr, intravenous, continuous, Intra-op
evidence of fluid overload	Infuse for duration of procedure
 Patients with EF GREATER than 40% or no evidence of fluid overload 	1.5 mL/kg/hr, intravenous, continuous, Intra-op Infuse for duration of procedure
Anti-hypertensives	
[] hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 4 hours PRN, high blood pressure, SBP GREATER than 140 mmHg Hold if heart rate is GREATER than 100 HOLD parameters for this order:
	Contact Physician if:
[] labetalol (TRANDATE) injection	10 mg, intravenous, every 4 hours PRN, high blood pressure, SBP GREATER than 140 mmHg hold for heart rate LESS than 60
Anti-platelets	
] aspirin (ECOTRIN) enteric coated tablet	oral, daily
] Loading dose - clopidogrel (PLAVIX) tablet	300 mg, oral, once, For 1 Doses
Loading dose - clopidogrel (PLAVIX) tabletMaintenance - clopidogrel (PLAVIX) tablet	
 Loading dose - clopidogrel (PLAVIX) tablet Maintenance - clopidogrel (PLAVIX) tablet Statin Therapy (Single Response) 	300 mg, oral, once, For 1 Doses 75 mg, oral, daily, Starting S+1
 Loading dose - clopidogrel (PLAVIX) tablet Maintenance - clopidogrel (PLAVIX) tablet Statin Therapy (Single Response) simvastatin (ZOCOR) tablet 	300 mg, oral, once, For 1 Doses 75 mg, oral, daily, Starting S+1 40 mg, oral, nightly
 Loading dose - clopidogrel (PLAVIX) tablet Maintenance - clopidogrel (PLAVIX) tablet Statin Therapy (Single Response) simvastatin (ZOCOR) tablet simvastatin (ZOCOR) tablet 	300 mg, oral, once, For 1 Doses 75 mg, oral, daily, Starting S+1 40 mg, oral, nightly 20 mg, oral, nightly
 Loading dose - clopidogrel (PLAVIX) tablet Maintenance - clopidogrel (PLAVIX) tablet Statin Therapy (Single Response) simvastatin (ZOCOR) tablet 	300 mg, oral, once, For 1 Doses 75 mg, oral, daily, Starting S+1 40 mg, oral, nightly
 Loading dose - clopidogrel (PLAVIX) tablet Maintenance - clopidogrel (PLAVIX) tablet Statin Therapy (Single Response) simvastatin (ZOCOR) tablet simvastatin (ZOCOR) tablet atorvastatin (LIPITOR) tablet 	300 mg, oral, once, For 1 Doses 75 mg, oral, daily, Starting S+1 40 mg, oral, nightly 20 mg, oral, nightly 40 mg, oral, nightly
 Loading dose - clopidogrel (PLAVIX) tablet Maintenance - clopidogrel (PLAVIX) tablet Statin Therapy (Single Response) simvastatin (ZOCOR) tablet simvastatin (ZOCOR) tablet atorvastatin (LIPITOR) tablet atorvastatin (LIPITOR) tablet Anti-coagulation 	300 mg, oral, once, For 1 Doses 75 mg, oral, daily, Starting S+1 40 mg, oral, nightly 20 mg, oral, nightly 40 mg, oral, nightly 10 mg, oral, nightly
 Loading dose - clopidogrel (PLAVIX) tablet Maintenance - clopidogrel (PLAVIX) tablet Statin Therapy (Single Response) simvastatin (ZOCOR) tablet simvastatin (ZOCOR) tablet atorvastatin (LIPITOR) tablet atorvastatin (LIPITOR) tablet Anti-coagulation 	300 mg, oral, once, For 1 Doses 75 mg, oral, daily, Starting S+1 40 mg, oral, nightly 20 mg, oral, nightly 40 mg, oral, nightly 10 mg, oral, nightly
 Loading dose - clopidogrel (PLAVIX) tablet Maintenance - clopidogrel (PLAVIX) tablet Statin Therapy (Single Response) simvastatin (ZOCOR) tablet simvastatin (ZOCOR) tablet atorvastatin (LIPITOR) tablet atorvastatin (LIPITOR) tablet Anti-coagulation Pharmacy Consult to Manage Heparin: STANDAF 	300 mg, oral, once, For 1 Doses 75 mg, oral, daily, Starting S+1 40 mg, oral, nightly 20 mg, oral, nightly 40 mg, oral, nightly 10 mg, oral, nightly 8D STAT, Until discontinued, Starting S
 Loading dose - clopidogrel (PLAVIX) tablet Maintenance - clopidogrel (PLAVIX) tablet Statin Therapy (Single Response) simvastatin (ZOCOR) tablet simvastatin (ZOCOR) tablet atorvastatin (LIPITOR) tablet atorvastatin (LIPITOR) tablet Anti-coagulation Pharmacy Consult to Manage Heparin: STANDAF 	300 mg, oral, once, For 1 Doses 75 mg, oral, daily, Starting S+1 40 mg, oral, nightly 20 mg, oral, nightly 40 mg, oral, nightly 10 mg, oral, nightly
 Loading dose - clopidogrel (PLAVIX) tablet Maintenance - clopidogrel (PLAVIX) tablet Statin Therapy (Single Response) simvastatin (ZOCOR) tablet simvastatin (ZOCOR) tablet atorvastatin (LIPITOR) tablet atorvastatin (LIPITOR) tablet atorvastatin (LIPITOR) tablet Pharmacy Consult to Manage Heparin: STANDAF dose protocol (DVT/PE) - with titration boluses 	300 mg, oral, once, For 1 Doses 75 mg, oral, daily, Starting S+1 40 mg, oral, nightly 20 mg, oral, nightly 40 mg, oral, nightly 10 mg, oral, nightly 10 mg, oral, nightly 10 mg, oral, nightly STAT, Until discontinued, Starting S Heparin Indication: Specify: Give initial Bolus Monitoring: Anti-Xa 500 Units/hr, intravenous, continuous Indication:
 Loading dose - clopidogrel (PLAVIX) tablet Maintenance - clopidogrel (PLAVIX) tablet Statin Therapy (Single Response) simvastatin (ZOCOR) tablet simvastatin (ZOCOR) tablet atorvastatin (LIPITOR) tablet atorvastatin (LIPITOR) tablet Anti-coagulation Pharmacy Consult to Manage Heparin: STANDAF dose protocol (DVT/PE) - with titration boluses HEParin 25,000 unit/500 mL (50 unit/mL) 	300 mg, oral, once, For 1 Doses 75 mg, oral, daily, Starting S+1 40 mg, oral, nightly 20 mg, oral, nightly 40 mg, oral, nightly 10 mg, oral,
 Loading dose - clopidogrel (PLAVIX) tablet Maintenance - clopidogrel (PLAVIX) tablet Statin Therapy (Single Response) simvastatin (ZOCOR) tablet simvastatin (ZOCOR) tablet atorvastatin (LIPITOR) tablet atorvastatin (LIPITOR) tablet Pharmacy Consult to Manage Heparin: STANDAF dose protocol (DVT/PE) - with titration boluses HEParin 25,000 unit/500 mL (50 unit/mL) Resume heparin (Single Response) 	300 mg, oral, once, For 1 Doses 75 mg, oral, daily, Starting S+1 40 mg, oral, nightly 20 mg, oral, nightly 40 mg, oral, nightly 10 mg, oral,
 Loading dose - clopidogrel (PLAVIX) tablet Maintenance - clopidogrel (PLAVIX) tablet Statin Therapy (Single Response) simvastatin (ZOCOR) tablet simvastatin (ZOCOR) tablet atorvastatin (LIPITOR) tablet atorvastatin (LIPITOR) tablet Anti-coagulation Pharmacy Consult to Manage Heparin: STANDAF dose protocol (DVT/PE) - with titration boluses HEParin 25,000 unit/500 mL (50 unit/mL) Resume heparin (Single Response) Ok to resume heparin post-op 	300 mg, oral, once, For 1 Doses 75 mg, oral, daily, Starting S+1 40 mg, oral, nightly 20 mg, oral, nightly 40 mg, oral, nightly 10 mg, oral,
 Loading dose - clopidogrel (PLAVIX) tablet Maintenance - clopidogrel (PLAVIX) tablet Statin Therapy (Single Response) simvastatin (ZOCOR) tablet simvastatin (ZOCOR) tablet atorvastatin (ZOCOR) tablet atorvastatin (LIPITOR) tablet atorvastatin (LIPITOR) tablet Pharmacy Consult to Manage Heparin: STANDAF dose protocol (DVT/PE) - with titration boluses HEParin 25,000 unit/500 mL (50 unit/mL) Resume heparin (Single Response) 	300 mg, oral, once, For 1 Doses 75 mg, oral, daily, Starting S+1 40 mg, oral, nightly 20 mg, oral, nightly 40 mg, oral, nightly 10 mg, oral,

[] HEParin 25,000 unit/500 mL (50 unit/mL)	500 Units/hr, intravenous, continuous Indication: Peripheral vascular disease Therapeutic Monitoring Target: PTT - Other Specify Target: None - Non-titrated
] enoxaparin (LOVENOX)	1 mg/kg, subcutaneous, every 12 hours
] For renal impairment (GFR <30) - enoxaparin (LOVENOX)	1 mg/kg, subcutaneous, daily at 1700 FOR PATIENTS WITH CRCL OF LESS THAN 30 MILLILITERS PER MINUTE OR PATIENTS WITH ESRD.
] Pharmacy consult to manage warfarin (COUMAD	IN) Routine, Until discontinued, Starting S Indication:
/lultimodal Pain	
] acetaminophen (OFIRMEV) intravenous solution (RESTRICTED)	1,000 mg, intravenous, for 15 Minutes, every 8 hours, For 2 Doses, Post-op IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
] acetaminophen (OFIRMEV) intravenous solution (RESTRICTED)	1,000 mg, intravenous, for 15 Minutes, once PRN, moderate pain (score 4-6), For 1 Doses, Post-op IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
] lidocaine (LIDODERM) patch	
[] lidocaine (LIDODERM) 5 %	1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity o allergies to lidocaine).
] Gabapentinoids (Single Response)	
() gabapentin (NEURONTIN) (Single Response)	
 () gabapentin (NEURONTIN) capsule (CrCl greater than or equal to 60 mL/min) 	300 mg, oral, every 8 hours scheduled, Post-op
() gabapentin (NEURONTIN) capsule (CrCl 30-59 mL/min)	200 mg, oral, 3 times daily, Post-op
() gabapentin (NEURONTIN) capsule (CrCl 15-29 mL/min)	100 mg, oral, 3 times daily, Post-op
 () gabapentin (NEURONTIN) capsule (CrCl less than 15 or on dialysis) 	100 mg, oral, 3 times daily, Post-op
() pregabalin (LYRICA) (Single Response)	
 () pregabalin (LYRICA) capsule (CrCl 60 mL/min or above) 	300 mg, oral, 3 times daily, Post-op
() pregabalin (LYRICA) capsule (CrCl 30-59 mL/min)	200 mg, oral, 3 times daily, Post-op
() pregabalin (LYRICA) capsule (CrCl 15-29 mL/min)	100 mg, oral, 3 times daily, Post-op
 () pregabalin (LYRICA) capsule (CrCl less than 15 mL/min or on dialysis) 	100 mg, oral, 3 times daily, Post-op
 tramadol (ULTRAM) tablet (Single Response) () GFR GREATER than 60 - traMADoL 100 mg PO Q8H 	100 mg, oral, every 8 hours, Post-op
() GFR BETWEEN 30-60 - traMADoL 50 mg PO Q8H	50 mg, oral, every 8 hours, Post-op
 Elderly Age GREATER than 75 years old - traMADoL 50 mg PO Q8H 	50 mg, oral, every 8 hours, Post-op
PRN Breakthrough Pain (Single Response)	
() oxyCODone (ROXICODONE) immediate release tablet	10 mg, oral, every 4 hours PRN, severe pain (score 7-10), Post-op
() hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
() morPHINE injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op

PRN	Mild	Pain	(Pain	Score	1-3)	(Single	Respons	e)
(ad	djust	dose	for ren	al/liver	func	tion and	age)	

() acetaminophen (TYLENOL) tablet OR oral solution	on "Or" Linked Panel
Maximum of 4 grams of acetaminophen per day f sources)	rom all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to take oral tablet medication.
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient cannot receive oral tablet but can receive oral solution.
() ibuprofen (MOTRIN) tablet OR oral solution	"Or" Linked Panel
Not recommended for patients with eGFR LESS t	than 30 mL/min or acute kidney injury.
[] ibuprofen (ADVIL,MOTRIN) tablet	600 mg, oral, every 6 hours PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
[] ibuprofen (ADVIL,MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet.
() naproxen (NAPROSYN) tablet - Not recommended patients with eGFR LESS than 30 mL/min.	ed for 250 mg, oral, every 8 hours PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min.
PRN Oral Medications for Moderate Pain (Pain Sc (adjust dose for renal/liver function and age)	ore 4-6): For Patients LESS than 65 years old (Single Response)
() acetaminophen-codeine (TYLENOL #3) tablet OF Maximum of 4 grams of acetaminophen per day f sources)	R elixir "Or" Linked Panel from all sources. (Cirrhosis patients maximum: 2 grams per day from all
 acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet 	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication.
[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Use if patient cannot swallow tablet.
() HYDROcodone-acetaminophen 5/325 (NORCO) OR elixir	tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per day f sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
 [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
 [] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution 	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) If patient cannot swallow tablet.
() HYDROcodone-acetaminophen 7.5/325 (NORCC OR elixir	D) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per day f sources)	rom all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication.
[] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Use if patient cannot swallow tablet.
() HYDROcodone-acetaminophen 10/325 (NORCO OR elixir) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per day f sources)	rom all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication.

	oral, every 6 hours PRN, moderate pain (score 4-6) atient can not swallow tablet.
 () traMADol (ULTRAM) tablet - reduce by 50% in patients with GFR LESS than 30 mL/min 	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day)
PRN Oral Medications for Moderate Pain (Pain Score 4-6): (adjust dose for renal/liver function and age)	For Patients GREATER than 65 years old (Single Response)
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir	"Or" Linked Panel
Maximum of 4 grams of acetaminophen per day from all so sources)	ources. (Cirrhosis patients maximum: 2 grams per day from all
	, oral, every 6 hours PRN, moderate pain (score 4-6) patient is able to tolerate oral medication.
/12.5 mL solution Use if p	., oral, every 6 hours PRN, moderate pain (score 4-6) atient cannot swallow tablet.
() HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	"Or" Linked Panel
Maximum of 4 grams of acetaminophen per day from all so sources)	ources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 1 tablet 5-325 mg per tablet	, oral, every 6 hours PRN, moderate pain (score 4-6)
	oral, every 6 hours PRN, moderate pain (score 4-6) It cannot swallow tablet.
 () traMADol (ULTRAM) tablet - reduce 50% in patients with GFR LESS than 30 mL/min, change frequency to every 12 hours) 	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day)
PRN IV Medications for Moderate Pain (Pain Score 4-6): For If you select a PCA option above you will not be allowed to a (adjust dose for renal/liver function and age)	
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6)
() morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
() HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
() ketorolac (TORADOL) IV (Single Response)	
Do NOT use in patients with eGFR LESS than 30 mL/min / WARNING: Use is contraindicated for treatment of periope (CABG) surgery.	AND/OR patients LESS than 17 years of age. rative pain OR in the setting of coronary artery bypass graft
() For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	intravenous, every 6 hours PRN, moderate pain (score 4-6)
 () For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection 30 mg, 	intravenous, every 6 hours PRN, moderate pain (score 4-6)
PRN IV Medications for Moderate Pain (Pain Score 4-6) For If you select a PCA option above you will not be allowed to a (adjust dose for renal/liver function and age)	
() fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6)
() morphine 2 mg/mL injection	1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)

() HYDROmorphone (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
 ketorolac (TORADOL) injection - Do not use in pat with eGFR LESS than 30 mL/min. 	tients 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)
	Do not use in patients with eGFR LESS than 30 mL/min.
	7-10): For Patients LESS than 65 years old (Single Response)
(adjust dose for renal/liver function and age)	
() HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10)
) morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10)
() oxyCODONE (ROXICODONE) immediate release	tablet 10 mg, oral, every 6 hours PRN, severe pain (score 7-10)
PRN Oral Medications for Severe Pain (Pain Score (adjust dose for renal/liver function and age)	7-10): For Patients GREATER than 65 years old (Single Response)
() HYDROcodone-acetaminophen (NORCO) 7.5-325 per tablet	5 mg 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10)
 HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet 	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10)
() HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10)
) morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10)
() oxyCODONE (ROXICODONE) immediate release	
(adjust dose for renal/liver function and age)	50 mcg, intravenous, every 3 hours PRN, severe pain (score
	7-10) 4 mg, intravenous, every 3 hours PRN, severe pain (score
() fentaNYL (SUBLIMAZE) injection	7-10)
 () fentaNYL (SUBLIMAZE) injection () morphine injection () HYDROmorphone (DILAUDID) injection PRN IV Medications for Severe Pain (Pain Score 7- 	 7-10) 4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) 0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) 10): For Patients GREATER than 65 years old (Single Response) bwed to also order IV PRN pain medications from this section. 25 mcg, intravenous, every 3 hours PRN, severe pain (score 3 hours PRN, severe 3 hours 9 hours
 () fentaNYL (SUBLIMAZE) injection () morphine injection () HYDROmorphone (DILAUDID) injection PRN IV Medications for Severe Pain (Pain Score 7- If you select a PCA option above you will not be allo (adjust dose for renal/liver function and age) 	 7-10) 4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) 0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) 10): For Patients GREATER than 65 years old (Single Response) wed to also order IV PRN pain medications from this section. 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) 2 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
 () fentaNYL (SUBLIMAZE) injection () morphine injection () HYDROmorphone (DILAUDID) injection PRN IV Medications for Severe Pain (Pain Score 7- If you select a PCA option above you will not be allo (adjust dose for renal/liver function and age) () fentaNYL (SUBLIMAZE) injection () morphine injection 	 7-10) 4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) 0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) 10): For Patients GREATER than 65 years old (Single Response) bwed to also order IV PRN pain medications from this section. 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) 2 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
 () fentaNYL (SUBLIMAZE) injection () morphine injection () HYDROmorphone (DILAUDID) injection PRN IV Medications for Severe Pain (Pain Score 7- If you select a PCA option above you will not be allo (adjust dose for renal/liver function and age) () fentaNYL (SUBLIMAZE) injection 	 7-10) 4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) 0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) 10): For Patients GREATER than 65 years old (Single Response) wed to also order IV PRN pain medications from this section. 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) 2 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
 () fentaNYL (SUBLIMAZE) injection () morphine injection () HYDROmorphone (DILAUDID) injection PRN IV Medications for Severe Pain (Pain Score 7- If you select a PCA option above you will not be allo (adjust dose for renal/liver function and age) () fentaNYL (SUBLIMAZE) injection () morphine injection 	 7-10) 4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) 0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) 10): For Patients GREATER than 65 years old (Single Response) by bowed to also order IV PRN pain medications from this section. 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) 2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) 0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
 () fentaNYL (SUBLIMAZE) injection () morphine injection () HYDROmorphone (DILAUDID) injection PRN IV Medications for Severe Pain (Pain Score 7- If you select a PCA option above you will not be allo (adjust dose for renal/liver function and age) () fentaNYL (SUBLIMAZE) injection () morphine injection () HYDROmorphone (DILAUDID) injection 	 7-10) 4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) 0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) 10): For Patients GREATER than 65 years old (Single Response) wed to also order IV PRN pain medications from this section. 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) 2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) 0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)

[]	Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then
		- Every hour x 2 starting second hour after PCA started, bolus
		administered or dose change; then
		- Every 4 hours until PCA therapy is discontinued.
		- Immediately following PCA administration tubing change, Post-op
[]	Richmond agitation sedation scale	Routine, Once
		Hold infusion daily at:
		Target RASS:
		BIS Monitoring (Target BIS: 40-60):
		60 minutes after administration of pain medication AND every 4 hours.
		Assess and document side effects of at least every 4 hours for duration of
		therapy and when patient complains of pain and/or side effects., Post-op
[]	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued
		for any reason
		- Inadequate analgesia
		- Prior to administration of any other narcotics, antiemetics, or sedatives
		other than those ordered by the prescriber responsible for IV PCA therap
		 PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op
[]	Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute of
[]	physician and/or CERT team for any of the	less
	following:	- Severe and/or recent confusion or disorientation
	5	- POSS sedation level 4: Somnolent and difficult to arouse
		- Sustained hypotension (SBP less than 90)
		- Excessive nausea or vomiting
		- Urinary retention, Post-op
[]	naloxone (NARCAN) 0.4 mg/mL injection	0.2 mg, intravenous, once PRN, respiratory depression, as needed for
	0.2 mg	respiratory rate 8 per minute or less OR patient somnolent and difficult to
		arouse (POSS GREATER than 3)., Post-op
		Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4
		mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15
		minutes for 3 times.
) h	ydromorPHONE PCA (DILAUDID) 15 mg/30 mL	
	hydromorPHONE (DILAUDID) 15 mg/30 mL	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout
	PCA	Not Ordered Basal Rate: 0 mg/hr MAX (Four hour dose limit):
		mg
		intravenous, continuous, Post-op
		Management of breakthrough pain. Administer only if respiratory rate 12
		per minute or more and POSS level of 2 or less. If more than 2 bolus
		doses in 12 hours or if pain persists after increase in demand dose, call
		ordering prescriber. For breakthrough pain in patients ages 19-59 years
		old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg
		every {Bolus Frequency:26663::"3"} hours as needed. If pain persists,
		every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE
		every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE Adjust doses for age, renal function or other factors.
		every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date:
[]	Vital signs - T/P/R/BP	every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time:
[]	Vital signs - T/P/R/BP	every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time: Routine, Per unit protocol
[]	Vital signs - T/P/R/BP	every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time: Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus
[]	Vital signs - T/P/R/BP	every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time: Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then
[]	Vital signs - T/P/R/BP	every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time: Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus
[]	Vital signs - T/P/R/BP	 every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time: Routine, Per unit protocol Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then Every hour x 2 starting second hour after PCA started, bolus

[]	Richmond agitation sedation scale	Routine, Once Hold infusion daily at: Target RASS: BIS Monitoring (Target BIS: 40-60):
		60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects., Post-op
[]	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia
		 Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op
[]	Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or
	physician and/or CERT team for any of the following:	less - Severe and/or recent confusion or disorientation
	lonowing.	- POSS sedation level 4: Somnolent and difficult to arouse
		- Sustained hypotension (SBP less than 90)
		- Excessive nausea or vomiting
[]	naloxone (NARCAN) 0.4 mg/mL injection	 Urinary retention, Post-op 0.2 mg, intravenous, once PRN, respiratory depression, as needed for
	0.2 mg	respiratory rate 8 per minute or less OR patient somnolent and difficult to
		arouse (POSS GREATER than 3)., Post-op
		Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or
		CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15
		minutes for 3 times.
	entaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL	Nurse Londing Deces Net Ordered (DD) DCA Deces 40 mer (DD) Longert
[]	fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA	Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout: Not Ordered Basal Rate: 0 mcg/hr Four Hour Dose Limit: 150 mcg
		intravenous, continuous, Post-op
		Due to fentaNYL 600 mcg/30 mL shortages, the new standard for all facilities will be fentaNYL 1500 mcg/30 mL. This concentration is 2.5 x more concentrated.
		Management of breakthrough pain. Administer only if respiratory rate 12
		per minute or more and POSS level of 2 or less. If more than 2 bolus
		doses in 12 hours or if pain persists after increase in demand dose, call
		ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"}
		hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function
		or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date:
		Turn Off PCA Continuous Dose (Basal Rate) At Time:
[]	Vital signs - T/P/R/BP	Routine, Per unit protocol
		- Initially and every 30 minutes for 1 hour after PCA started, bolus
		administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus
		administered or dose change; then
		- Every 4 hours until PCA therapy is discontinued.
[]	Richmond agitation sedation scale	- Immediately following PCA administration tubing change, Post-op Routine, Once
[]		Hold infusion daily at:
		Target RASS:
		BIS Monitoring (Target BIS: 40-60): 60 minutes after administration of pain medication AND every 4 hours.
		Assess and document side effects of at least every 4 hours for duration of
		therapy and when patient complains of pain and/or side effects., Post-op

	Notify Physician (Specify)	 Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op
[]	Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention, Post-op
	naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.
Naus	ea	
[] 0	ndansetron (ZOFRAN) IV or Oral (Selection Rec	quired) "Or" Linked Panel
[]	ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting
	disintegrating tablet ondansetron (ZOFRAN) 4 mg/2 mL injection	Give if patient is able to tolerate oral medication. 4 mg, intravenous, every 8 hours PRN, nausea, vomiting
[]		Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[]_p	romethazine (PHENERGAN) IV or Oral or Recta	
[]	promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[]	promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Bowe	el regimen (Single Response)	
() d	ocusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation
	isacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation
() s	ennosides-docusate sodium (SENOKOT-S) tabl	et 1 tablet, oral, daily PRN, constipation
Resp	iratory	
[] a	Ibuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 6 hours PRN, wheezing Aerosol Delivery Device:
[] ip	oratropium (ATROVENT) 0.02 % nebulizer soluti	on 0.5 mg, nebulization, every 6 hours PRN, wheezing Aerosol Delivery Device:
[] Ir	ncentive spirometry	Routine, Every 2 hours while awake
VTE		
	Risk and Prophylaxis Tool (Single Response) (Selection Required) URL: "\appt1.pdf"
	atient currently has an active order for therapeu nticoagulant or VTE prophylaxis	tic Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() L	OW Risk of DVT (Selection Required)	
- · ·		

Low Risk Definition Age less than 60 years and NO other VTE risk fac	ctors
[] Low Risk (Single Response) (Selection Require	ed)
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
() MODERATE Right of DVT - Survival (Selection Re	early ambulation
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou	lechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Less than fully and independently ambulatory	
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic pro BUT order Sequential compression device	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic pro AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCI GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	election
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
MODERATE Risk of DVT - Non-Surgical (Selection	n
Required)	
Moderate Risk Definition	
	lechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Central line	
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou	re
Less than fully and independently ambulatory	15
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
Major surgery within 3 months of admission	
Major surgery within 3 months of admission [] Moderate Risk (Selection Required)	Poutine Once
Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] [] Moderate risk of VTE	Routine, Once
Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] [] Moderate risk of VTE [] [] Moderate Risk Pharmacological Prophylaxis -	
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 Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic pro Order Sequential compression device 	phylaxis - "And" Linked Panel
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CrCI GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Until discontinued, Starting S Indication:
() Mechanical Prophylaxis (Single Response) (S Required)	election
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s
 Place/Maintain sequential compression device continuous 	Routine, Continuous
HIGH Risk of DVT - Surgical (Selection Required)	
or protein S deficiency; hyperhomocysteinemia; m	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	Poutino. Opeo
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	Routine, Once cal Patient
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio	
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)

() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min
() fondonarinum (ADIVTDA) injection	
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
device continuous	urod)
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
HIGH Risk of DVT - Non-Surgical (Selection Requertion Requertion)	
HIGH Risk of DVT - Non-Surgical (Selection Requ	
HIGH Risk of DVT - Non-Surgical (Selection Requertion Requertion)	
HIGH Risk of DVT - Non-Surgical (Selection Requ High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	must be addressed.
HIGH Risk of DVT - Non-Surgical (Selection Requ High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Non-Surgical (Selection Requ High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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HIGH Risk of DVT - Non-Surgical (Selection Requ High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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HIGH Risk of DVT - Non-Surgical (Selection Requ High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Non-Surgical (Selection Requ High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Non-Surgical (Selection Requ High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Non-Surgical (Selection Requ High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Non-Surgical (Selection Requ High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
 HIGH Risk of DVT - Non-Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE 	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
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HIGH Risk of DVT - Non-Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders)
HIGH Risk of DVT - Non-Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Non-Strong Prophyl	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once
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 HIGH Risk of DVT - Non-Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis 	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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HIGH Risk of DVT - Non-Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S
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HIGH Risk of DVT - Non-Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) () contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet	than 50kg and age GREATER than 75yrs. oral, daily at 1700
	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (S Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required) 	on
High Risk Definition	
Both pharmacologic AND mechanical prophylaxi	
One or more of the following medical conditions:	
or protein S deficiency; hyperhomocysteinemia; i	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Severe fracture of hip, pelvis or leg	ingelopionerative disorders)
eere	
Acute spinal cord injury with paresis	
Acute spinal cord injury with paresis Multiple major traumas	
Multiple major traumas Abdominal or pelvic surgery for CANCER	
Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke	
Multiple major traumas Abdominal or pelvic surgery for CANCER	
Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	Routine, Once
Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	Routine, Once or Knee
Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respon	or Knee
Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respond (Selection Required)	or Knee ise)
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Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respond (Selection Required) () Contraindications exist for pharmacologic prophylaxis	or Knee nse) Routine, Once No pharmacologic VTE prophylaxis due to the following
Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respon (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet	or Knee hse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required)
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Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respond (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection I [] apixaban (ELIQUIS) tablet	or Knee hse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
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Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respon (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection II [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Res- (Selection Required)	or Knee hse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
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Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk OVTE [] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respond (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection II [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Respond () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe	by Knee nse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1
Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk OVTE [] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respon (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection I [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe	For Knee hse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk OVTE [] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respon (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection I [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For	For Knee Isse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min. 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk OVTE [] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respon (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection I [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe	For Knee hse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.

() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
GREATER and CrCI GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this	Indications: VTE prophylaxis
admission	
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression device continuous	Routine, Continuous
OVT Risk and Prophylaxis Tool (Single Response) ((Selection Required) URL: "\appt1.pdf"
) Patient currently has an active order for therapeutic	Routine, Once
anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is
	already on therapeutic anticoagulation for other indication.
	Therapy for the following:
) LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk factor	ors
[] Low Risk (Single Response) (Selection Required	(k
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga
	early ambulation
) MODERATE Risk of DVT - Surgical (Selection Req	-

() MODERATE Risk of DVT - Surgical (Selection Required)

Moderate Risk Definition	
	echanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	leg sweining, dicers, venous stasis and nephrotic syndrome
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hours	S
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S	urgical
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prop	hylaxis "And" Linked Panel
BUT order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression	Routine Continuous

	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 enoxaparin (LOVENOX) injection (Single Resp (Selection Required) 	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

 Mechanical Prophylaxis (Single Response) (Se Required) 	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
() Place/Maintain sequential compression device continuous	Routine, Continuous
MODERATE Risk of DVT - Non-Surgical (Selection Required)	on
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. N contraindicated.	Mechanical prophylaxis is optional unless pharmacologic is
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory	ırs
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
Moderate Risk (Selection Required) Moderate risk of VTE	Poutino Onco
] Moderate Risk Pharmacological Prophylaxis -	Routine, Once
Non-Surgical Patient (Single Response) (Selec Required)	tion
() Contraindications exist for pharmacologic pro Order Sequential compression device	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic pro AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced

() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
 () Mechanical Prophylaxis (Single Response) (Se Required) 	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 Place/Maintain sequential compression device continuous 	Routine, Continuous
HIGH Risk of DVT - Surgical (Selection Required)	
Address both pharmacologic and mechanical propl	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
] High Risk Pharmacological Prophylaxis - Surgica (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp	
(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet	than 50kg and age GREATER than 75yrs. oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Non-Surgical (Selection Requi	
	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	urgical
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following

() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 3 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100 For Patients weight 140 kg or GREATER and CrCI GREATER than 3 mL/min
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicated Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Required) Address both pharmacologic and mechanical prop	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
] High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Respons	
(Selection Required)	se)
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() Contraindications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following
 () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
 () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection R 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required)
 () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection R [] apixaban (ELIQUIS) tablet 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
 () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection R [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
 () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection R [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 tequired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis ponse)
 () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection R [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 tequired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1
 () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection R [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) Starting S+1
 () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection R [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
 () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection R [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, 2 times daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
 Rivaroxaban and Pharmacy Consult (Selection Required) 	
 [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
 Pharmacy consult to monitor rivaroxaban (XARELTO) therapy 	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
VT Risk and Prophylaxis Tool (Single Response)	URL: "\appt1.pdf"
) Patient currently has an active order for therapeutic	Routine, Once
anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
) LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk facto	brs
[] Low Risk (Single Response) (Selection Required	()
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
) MODERATE Risk of DVT - Surgical (Selection Req	uired)
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Me contraindicated.	chanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
CHF, MI, lung disease, pneumonia, active inflamma	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous eg swelling, ulcers, venous stasis and nephrotic syndrome
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours	
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	Pouting Ones
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Su Patient (Single Response) (Selection Required) 	Routine, Once Irgical
() Contraindications exist for pharmacologic proph	nylaxis "And" Linked Panel
BUT order Sequential compression device	

[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Place/Maintain sequential compression device continuous	Routine, Continuous
	Contraindications exist for pharmacologic prop AND mechanical prophylaxis	ohylaxis "And" Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
• •	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
()	patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
()	patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCI GREATER than 3 mL/min
()	fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
R	lechanical Prophylaxis (Single Response) (Se Required)	
. ,	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)
	Place/Maintain sequential compression device continuous	Routine, Continuous

contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm	lechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory	rs
Estrogen therapy Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
 [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) 	tion
() Contraindications exist for pharmacologic prop Order Sequential compression device	-
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	ohylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this
	medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Routine, Continuous
ection
Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s)
Routine, Continuous
must be addressed.
nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders)
Routine, Once
Routine, Once
No pharmacologic VTE prophylaxis due to the following
contraindication(s):
oonse)
40 mg, subcutaneous, daily at 0600, Starting S+1
30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
2.5 mg, subcutaneous, daily, Starting S+1
If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
Contraindicated in patients LESS than 50kg, prior to surgery/invasive
procedure, or CrCl LESS than 30 mL/min.
This patient has a history of or suspected case of Heparin-Induced
Thrombocytopenia (HIT):
5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
than 50kg and age GREATER than 75yrs. oral, daily at 1700, Starting S+1
Indication:
STAT, Until discontinued, Starting S

 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression device continuous	Routine, Continuous
HIGH Risk of DVT - Non-Surgical (Selection Req	juired)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	s must be addressed.
One or more of the following medical conditions:	
	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; r Severe fracture of hip, pelvis or leg	nyeloproliterative disorders)
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
High Risk (Selection Required)	Poutino, Onco
[] High risk of VTE High Risk Pharmacological Prophylaxis - Non-	Routine, Once
Patient (Single Response) (Selection Required	5
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
() enoxaparin (LOVENOX) injection (Single Res	contraindication(s):
 enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	sponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCI GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression device continuous	Routine, Continuous

High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari	s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
 High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Response (Selection Required) 	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection F [] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
	Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
 enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
 enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min 	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
GREATER and CrCI GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs) () Rivaroxaban and Pharmacy Consult (Selection	than 50kg and age GREATER than 75yrs.
Required)	
 rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indications: VTE prophylaxis

() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Soloction
Required)	
	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

Labs

Laboratory

[] CBC with platelet and differential	Once
[] Basic metabolic panel	Once
Prothrombin time with INR	Once
Partial thromboplastin time	Once
[] Type and screen	
	Blood Bank
[] ABO and Rh confirmation Once, E	Blood Bank Confirmation
[] Hepatic function panel	Once
[] Lipid panel	Once
	Fasting
[] Hemoglobin A1c	Once
[] Potassium level	Once
[] hCG qualitative, serum	Once
[] Troponin	Every 4 hours For 3 Occurrences
[] Lactic acid level	Every 6 hours For 3 Occurrences
] Ferritin level	STAT For 1 Occurrences
[] Total iron binding capacity	Once
[] Iron level	Once
Laboratory AM	
[] CBC with platelet and differential	AM draw For 1 Occurrences
] Basic metabolic panel	AM draw For 1 Occurrences
[] Prothrombin time with INR	AM draw For 1 Occurrences
[] Partial thromboplastin time	AM draw For 1 Occurrences
[] Magnesium level	AM draw For 1 Occurrences
[] Type and screen	
	w For 1 Occurrences, Blood Bank
	Blood Bank Confirmation
[] Ferritin level	AM draw For 1 Occurrences
[] Total iron binding capacity	AM draw For 1 Occurrences
] Iron level	AM draw For 1 Occurrences
[] Fibrinogen	AM draw For 1 Occurrences, Post-op
Nutrition Labs	
] Prealbumin level	AM draw For 1 Occurrences
] Hepatic function panel	AM draw For 1 Occurrences
] Transferrin level	AM draw For 1 Occurrences
[] C-reactive protein	AM draw For 1 Occurrences
Microbiology	
[] Urinalysis screen and microscopy, with reflex to culture	Once
	Specimen Source: Urine
	Specimen Site:
Blood culture, fungus x 2 (yeast)	"And" Linked Panel

[] Blood culture, fungus

Once, Blood

Cardiology

Imaging

X-Ray

[] Chest 2 Vw	Routine, 1 time imaging For 1
[] Chest 1 Vw Portable	Routine, 1 time imaging For 1

Diagnostic Studies

Routine, 1 time imaging
Routine, 1 time imaging
Routine, 1 time imaging For 1

Other Studies

Other Diagnostic Studies

[] ECG 12 lead

Routine, Once Clinical Indications: Interpreting Physician:

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

[] Consult to Case Management	Consult Reason:
[] Consult to Social Work	Reason for Consult:
[] Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
[] Consult PT wound care	Special Instructions: Location of Wound?
[] Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:

[] Consult to Nutrition Services	Reason For Consult?
	Purpose/Topic:
[] Consult to Wound Ostomy Care nurse	Reason for consult:
	Consult for NPWT:
	Reason for consult:
	Reason for consult:
] Consult to Respiratory Therapy	Reason for Consult?
] Consult To Interventional Radiology	Routine, 1 time imaging For 1
[] Consult Podiatry	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/clinical information communicated?
[] Consult Nephrology/Hyperten	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/clinical information communicated?
[] Consult Pulmonary	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/clinical information communicated?
[] Consult Cardiology	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/clinical information communicated?
[] Consult Infectious Diseases	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/clinical information communicated?
[] Consult Neurology	Reason for Consult?
	Patient/Clinical information communicated?

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