General

Common Present on Admission Diagnosis

	Deet on
[] Acidosis	Post-op
Acute Post-Hemorrhagic Anemia	Post-op
[] Acute Renal Failure	Post-op
[] Acute Respiratory Failure	Post-op
[] Acute Thromboembolism of Deep Veins of Lower Extremities	Post-op
[] Anemia	Post-op
[] Bacteremia	Post-op
[] Bipolar disorder, unspecified	Post-op
[] Cardiac Arrest	Post-op
[] Cardiac Dysrhythmia	Post-op
[] Cardiogenic Shock	Post-op
Decubitus Ulcer	Post-op
Dementia in Conditions Classified Elsewhere	Post-op
Disorder of Liver	Post-op
Electrolyte and Fluid Disorder	Post-op
1 Intestinal Infection due to Clostridium Difficile	Post-op
[] Methicillin Resistant Staphylococcus Aureus Infection	Post-op
Obstructive Chronic Bronchitis with Exacerbation	Post-op
Other Alteration of Consciousness	Post-op
Other and Unspecified Coagulation Defects	Post-op
Other Pulmonary Embolism and Infarction	Post-op
Phlebitis and Thrombophlebitis	•
	Post-op
[] Protein-calorie Malnutrition	Post-op
Psychosis, unspecified psychosis type 1 Schizzarbazzia	Post-op
[] Schizophrenia Disorder	Post-op
[] Sepsis	Post-op
[] Septic Shock	Post-op
[] Septicemia	Post-op
[] Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
[] Urinary Tract Infection, Site Not Specified	Post-op
Elective Outpatient, Observation, or Admission (Single R	Response)
() Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
	PACU & Post-op
Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
	PACU & Post-op
() 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.
	PACU & Post-op
Admission or Observation (Single Pesnense)	

Admission or Observation (Single Response)

() 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.
	PACU & Post-op
() Outpatient abaam/ation com/issa under separal	
) Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
	PACU & Post-op
) Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
	PACU & Post-op
) Transfer patient	Level of Care:
/ Halloloi pationa	Bed request comments:
	Scheduling/ADT
) Deturn to provinue had	
) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Admission (Single Response) Patient has active status order on file	
) Admit to inpatient	Admitting Physician:
, , tanne to inpatione	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.
	PACU & Post-op
) Transfer patient	Level of Care:
	Bed request comments:
	Scheduling/ADT
) Return to previous bed	
	Routine, Until discontinued, Starting S, Scheduling/ADT
	Routine, Until discontinued, Starting S, Scheduling/AD I
	Routine, Until discontinued, Starting S, Scheduling/AD I
Fransfer (Single Response) Patient has active inpatient status order on file	
Fransfer (Single Response) Patient has active inpatient status order on file	Level of Care:
Fransfer (Single Response) Patient has active inpatient status order on file	Level of Care: Bed request comments:
Fransfer (Single Response) Patient has active inpatient status order on file	Level of Care: Bed request comments: Scheduling/ADT
Transfer (Single Response) Patient has active inpatient status order on file) Transfer patient	Level of Care: Bed request comments:
Transfer (Single Response)	Level of Care: Bed request comments: Scheduling/ADT
Transfer (Single Response) Patient has active inpatient status order on file) Transfer patient) Return to previous bed Code Status	Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT
Transfer (Single Response) Patient has active inpatient status order on file) Transfer patient) Return to previous bed	Level of Care: Bed request comments: Scheduling/ADT
Transfer (Single Response) Patient has active inpatient status order on file) Transfer patient) Return to previous bed Code Status	Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Code Status decision reached by:
Transfer (Single Response) Patient has active inpatient status order on file) Transfer patient) Return to previous bed Code Status] Full Code	Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Code Status decision reached by: Post-op Does patient have decision-making capacity?
Transfer (Single Response) Patient has active inpatient status order on file) Transfer patient) Return to previous bed Code Status] Full Code] DNR (Do Not Resuscitate) (Selection Required) [] DNR (Do Not Resuscitate)	Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Code Status decision reached by: Post-op Does patient have decision-making capacity? Post-op
Transfer (Single Response) Patient has active inpatient status order on file) Transfer patient) Return to previous bed Code Status] Full Code] DNR (Do Not Resuscitate) (Selection Required)	Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Code Status decision reached by: Post-op Does patient have decision-making capacity? Post-op Priority:
Transfer (Single Response) Patient has active inpatient status order on file) Transfer patient) Return to previous bed Code Status] Full Code] DNR (Do Not Resuscitate) (Selection Required) [] DNR (Do Not Resuscitate)	Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Code Status decision reached by: Post-op Does patient have decision-making capacity? Post-op Priority: Reason for Consult?
Transfer (Single Response) Patient has active inpatient status order on file) Transfer patient) Return to previous bed Code Status] Full Code] DNR (Do Not Resuscitate) (Selection Required) [] DNR (Do Not Resuscitate)	Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Code Status decision reached by: Post-op Does patient have decision-making capacity? Post-op Priority: Reason for Consult? Order?
Transfer (Single Response) Patient has active inpatient status order on file) Transfer patient) Return to previous bed Code Status] Full Code] DNR (Do Not Resuscitate) (Selection Required) [] DNR (Do Not Resuscitate)	Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Code Status decision reached by: Post-op Does patient have decision-making capacity? Post-op Priority: Reason for Consult? Order? Name of referring provider:
Transfer (Single Response) Patient has active inpatient status order on file) Transfer patient) Return to previous bed Code Status] Full Code] DNR (Do Not Resuscitate) (Selection Required) [] DNR (Do Not Resuscitate) [] Consult to Palliative Care Service	Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Code Status decision reached by: Post-op Does patient have decision-making capacity? Post-op Priority: Reason for Consult? Order?
Transfer (Single Response) Patient has active inpatient status order on file) Transfer patient) Return to previous bed Code Status] Full Code] DNR (Do Not Resuscitate) (Selection Required) [] DNR (Do Not Resuscitate)	Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Code Status decision reached by: Post-op Does patient have decision-making capacity? Post-op Priority: Reason for Consult? Order? Name of referring provider:

[] Modified Code	Does patient have decision-making capacity? Modified Code restrictions: Post-op
[] Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op

Isolation

[] Airborne isolation status	
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you	Once, Sputum, Post-op
suspect Tuberculosis, please order this test	
for rapid diagnostics.	
[] Contact isolation status	Details
[] Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Post-op
[] Fall precautions	Increased observation level needed:
	Post-op
[] Latex precautions	Post-op
[] Seizure precautions	Increased observation level needed:
	Post-op
Nursing	
Vital Signs	
[X] Vital signs - T/P/R/BP	Routine, Every hour
	Peripheral (palpation and Doppler) every 15 minutes x4, then
	every 30 minutes x4, then hourly., Post-op
Activity	
[] Up with assistance to chair	Routine, Daily, Starting S+1
	Specify: Up with assistance,Up in chair,Out of bed
	Additional modifier:
	Out of bed to chair with assistance
	Post-op Bouting 4 times doily Starting S+1
[] Ambulate	Routine, 4 times daily, Starting S+1 Specify:
	Post-op
Bed rest - lay flat for 6 hrs	Routine, Until discontinued, Starting S
	Bathroom Privileges:
	Patient must lay flat for 6 hours post-op, Post-op
[] Bed rest	Routine, Until discontinued, Starting S, Post-op
Bed rest - lay flat for 4 hrs	Routine, Until discontinued, Starting S
	Patient must lay flat for 4 hours post-op, Post-op
Nursing	
[] Intake and output	Routine, Every hour, Post-op
[] Tobacco cessation education	Routine, Once, Post-op
[] Nasogastric tube maintenance	Routine, Until discontinued, Starting S
	Tube Care Orders: To Continuous Suction
	Irrigate with 30 cubic cm of saline q4, Post-op
[] Foley catheter care	Routine, Until discontinued, Starting S
	Orders: Maintain
	Remove Foley cath POD ***
	Activate nursing protocol NUR 12D4
	Document reason for not removing Foley. (Must be
1	documented on POD 1 or POD 2), Post-op

Pouting Once Starting S+1 Dect on
Routine, Once, Starting S+1, Post-op Routine, Every hour
As required for revascularized limb, Post-op
Routine, Every hour
Assessment to Perform:
Post CEA, Post-op
Routine, Until discontinued, Starting S
Type of drain:
Specify location:
Drain Number:
Drainage/Suction:
Drain fluid PRN to keep CSF pressure 10-12 mmHg. Do not
drain more than 25 cc/hr. After patient has moved lower
extremity, keep CSF pressure 15-18 mmHg., Post-op
Routine, Every 6 hours
Type of drain: Jackson Pratt
Post-op
Routine, Until discontinued, Starting S+1
Position:
Additional instructions: elevate extremity
Extremity:
On 2 pillows at all times with heel off the bed, Post-op
Routine, Until discontinued, Starting S, Post-op
Routine, Until discontinued, Starting S, Post-op
Routine, Until discontinued, Starting S
Temperature greater than: 38.5
Temperature less than:
Systolic BP greater than: 160
Systolic BP less than: 90
Diastolic BP greater than: 100
Diastolic BP less than: 50
MAP less than: 60
Heart rate greater than (BPM): 100
Heart rate less than (BPM): 50 Respiratory rate greater than: 25
Respiratory rate less than: 8
SpO2 less than: 94
5p02 less than. 54
Dist officitive pour Starting C
Diet effective now, Starting S
NPO: Pre-Operative fasting options:
Pre-Operative fasting options: Post-op
Diet effective midnight, Starting S+1 at 12:01 AM NPO: Except meds
Pre-Operative fasting options:
Post-op
Diet effective now Starting S
Diet effective now, Starting S Diet(s): Clear Liquids
Diet(s): Clear Liquids
Diet(s): Clear Liquids Advance Diet as Tolerated? Yes
Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet:
Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Advance target diet criteria:
Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet:
Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Advance target diet criteria: Liquid Consistency:

[] Diet - heart healthy	Diet effective now, Starting S
	Diet(s): Heart Healthy
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
[] Diet - Renal	Diet effective now, Starting S
	Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K)
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
Diet - diabetic 1800 Carb	Diet effective now, Starting S
	Diet(s): Other Diabetic/Cal
	Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
] Diet - Regular	Diet effective now, Starting S
	Diet(s):
	Other Options:
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
	·
IV Fluids	
Post-Procedure Hydration (Single Response)	

Post-Procedure Hydration (Single Response)

() Inpatient (Single Response)	
() Patients with EF LESS than 40% or with evidence of fluid overload	0.5 mL/kg/hr, intravenous, continuous Infuse for 6 hours Post-Procedure
() Patients with EF GREATER than 40% or no evidence of fluid overload	1 mL/kg/hr, intravenous, continuous Infuse for 6 hours Post-Procedure
() Outpatient (Single Response)	
() Patients with EF LESS than 40% or with evidence of fluid overload	0.5 mL/kg/hr, intravenous, continuous Infuse for 6 hours Post-Procedure or until discharge, whichever comes first.
() Patients with EF GREATER than 40% or no evidence of fluid overload	1 mL/kg/hr, intravenous, continuous Infuse for 6 hours Post-Procedure or until discharge, whichever comes first.

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

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

(X) ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg

2 g, intravenous, every 8 hours, For 2 Doses, Post-op Reason for Therapy: Surgical Prophylaxis

() If Beta-Lactam Allergic - vancomycin (VANCOCIN) IV 15 mg/kg, intravenous, once, For 1 Doses, Post-op Administer 12 hours after procedure Reason for Therapy: Surgical Prophylaxis
PostOp Antibiotics: For Patients GREATER than 1	20 kg (Single Response)
(X) ceFAZolin (ANCEF) IV - For Patients GREATER to 120 kg	han 3 g, intravenous, every 8 hours, For 2 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
() If Beta-Lactam Allergic - vancomycin (VANCOCIN	
Multimodal 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 or 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 Oral for Moderate Pain (Pain Score 4-6): For (adjust dose for renal/liver function and age)	Patients LESS than 65 years old (Single Response)
() acetaminophen-codeine (TYLENOL #3) tablet OF	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), Post-op 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), Post-op 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 t 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 (NORCO OR elixir 	D) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per day t sources)	from 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), Post-op 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), Post-op Use if patient cannot swallow tablet.
 HYDROcodone-acetaminophen 10/325 (NORCO OR elixir) tablet "Or" Linked Panel
	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
 [] HYDROcodone-acetaminophen (NORCO 10-325) mg per tablet 	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication.
[] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	20 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient can not swallow tablet.
() traMADol (ULTRAM) tablet - For eGFR LESS that mL/min, change frequency to every 12 hours)	an 30 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op (Max Daily dose not to exceed 200 mg/day).
	Give if patient is able to tolerate oral medication
PRN Oral for Moderate Pain (Pain Score 4-6): For NOTICE: Before any pain medication is used you (adjust dose for renal/liver function and age)	Patients GREATER than 65 years old (Single Response) MUST NOTIFY MD and get approval.
() acetaminophen-codeine (TYLENOL #3) tablet Of	
Maximum of 4 grams of acetaminophen per day t sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
 acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet 	1 tablet, oral, once PRN, moderate pain (score 4-6), Post-op 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), Post-op Use if patient cannot swallow tablet.
() HYDROcodone-acetaminophen 5/325 (NORCO) OR elixir	
	from all sources. (Cirrhosis patients maximum: 2 grams per day from all

[] HYDROcodone-acetaminophen (NORCO) 1 5-325 mg per tablet	tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
	0 mL, oral, every 6 hours PRN, moderate pain (score 4-6) patient cannot swallow tablet.
() traMADol (ULTRAM) tablet - For eGFR LESS than 3 mL/min, change frequency to every 12 hours)	 25 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op (Max Daily dose not to exceed 200 mg/day). Give if patient can tolerate oral medication.
PRN IV for Moderate Pain (Pain Score 4-6): For Patien If you select a PCA option 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), Post-op Use if patient is unable to swallow or faster onset is needed
() morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
() HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
PRN IV for Moderate Pain (Pain Score 4-6): For Patien If you select a PCA option 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), Post-op Use if patient is unable to swallow or faster onset is needed
() morphine 2 mg/mL injection	1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
() HYDROmorphone (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
PRN Oral for Severe Pain (Pain Score 7-10): For Patie (adjust dose for renal/liver function and age)	ents LESS than 65 years old (Single Response)
() HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
() morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
() oxyCODONE (ROXICODONE) immediate release ta	
PRN Oral for Severe Pain (Pain Score 7-10): For Patie (adjust dose for renal/liver function and age)	ents GREATER than 65 years old (Single Response)
() HYDROcodone-acetaminophen (NORCO) 7.5-325 m per tablet	ng 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
() HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication

) HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op
	Give if patient is able to tolerate oral medication
) morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op
	Give if patient is able to tolerate oral medication
) oxyCODONE (ROXICODONE) immediate release table	t 5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
PRN IV for Severe Pain (Pain Score 7-10): For Patients L If you select a PCA option you will not be allowed to also (adjust dose for renal/liver function and age)	
) fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed
) morphine injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
) HYDROmorphone (DILAUDID) injection	Use if patient is unable to swallow or faster onset is needed 0.8 mg, intravenous, every 3 hours PRN, severe pain (score
	7-10), Post-op Lise if nationt is unable to swallow or faster onset is needed
PRN IV for Severe Pain (Pain Score 7-10): For Patients Of If you select a PCA option you will not be allowed to also (adjust dose for renal/liver function and age)	Use if patient is unable to swallow or faster onset is needed GREATER than 65 years old (Single Response)
PRN IV for Severe Pain (Pain Score 7-10): For Patients C If you select a PCA option you will not be allowed to also	Use if patient is unable to swallow or faster onset is needed GREATER than 65 years old (Single Response) order IV PRN pain medications from this section. 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
PRN IV for Severe Pain (Pain Score 7-10): For Patients O If you select a PCA option you will not be allowed to also (adjust dose for renal/liver function and age)	Use if patient is unable to swallow or faster onset is needed GREATER than 65 years old (Single Response) order IV PRN pain medications from this section. 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed
PRN IV for Severe Pain (Pain Score 7-10): For Patients O If you select a PCA option you will not be allowed to also (adjust dose for renal/liver function and age)	Use if patient is unable to swallow or faster onset is needed GREATER than 65 years old (Single Response) order IV PRN pain medications from this section. 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
 PRN IV for Severe Pain (Pain Score 7-10): For Patients (If you select a PCA option you will not be allowed to also (adjust dose for renal/liver function and age) fentaNYL (SUBLIMAZE) injection morphine injection 	Use if patient is unable to swallow or faster onset is needed SREATER than 65 years old (Single Response) order IV PRN pain medications from this section. 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed
PRN IV for Severe Pain (Pain Score 7-10): For Patients O If you select a PCA option you will not be allowed to also (adjust dose for renal/liver function and age)	Use if patient is unable to swallow or faster onset is needed GREATER than 65 years old (Single Response) order IV PRN pain medications from this section. 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
 PRN IV for Severe Pain (Pain Score 7-10): For Patients O If you select a PCA option you will not be allowed to also (adjust dose for renal/liver function and age) fentaNYL (SUBLIMAZE) injection morphine injection HYDROmorphone (DILAUDID) injection 	Use if patient is unable to swallow or faster onset is needed GREATER than 65 years old (Single Response) order IV PRN pain medications from this section. 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
 PRN IV for Severe Pain (Pain Score 7-10): For Patients (If you select a PCA option you will not be allowed to also (adjust dose for renal/liver function and age) fentaNYL (SUBLIMAZE) injection morphine injection 	Use if patient is unable to swallow or faster onset is needed SREATER than 65 years old (Single Response) order IV PRN pain medications from this section. 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 0.5 mg, intravenous, every 3 hours PRN, severe pain (score

() hydromorPHONE (DILAUDID) 15 mg/30 mL PCA	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout: Not Ordered Basal Rate: 0 mg/hr MAX (Four hour dose limit): 3 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, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors.
() 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 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.
Respiratory	
[] Scheduled - albuterol nebulizer	2.5 mg, nebulization, Respiratory Therapy - every 6 hours, Post-op Aerosol Delivery Device:
[] As needed - albuterol nebulizer	2.5 mg, nebulization, every 6 hours PRN, wheezing, Post-op Aerosol Delivery Device:
[] Scheduled - ipratropium nebulizer	0.5 mg, nebulization, Respiratory Therapy - every 6 hours, Post-op Aerosol Delivery Device:
[] As needed - ipratropium nebulizer	0.5 mg, nebulization, every 6 hours PRN, wheezing, Post-op Aerosol Delivery Device:
[X] Incentive spirometry	Routine, Every 2 hours while awake, Post-op
Anti-hypertensives	
[] hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 4 hours PRN, high blood pressure, SBP GREATER than 140 mmHg, Post-op 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, Post-op hold for heart rate LESS than 60.
Anti-platelets	
[] aspirin (ECOTRIN) enteric coated tablet	oral, daily, Post-op
[] clopidogrel (PLAVIX) tablet [] [] clopidogrel (PLAVIX) tablet	300 mg, oral, once, For 1 Doses, Post-op 75 mg, oral, daily, Starting S+1, Post-op
Statin Therapy (Single Response)	
() simvastatin (ZOCOR) tablet	40 mg, oral, nightly, Post-op
() simvastatin (ZOCOR) tablet	20 mg, oral, nightly, Post-op
() atorvastatin (LIPITOR) tablet	40 mg, oral, nightly, Post-op

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() atorvastatin (LIPITOR) tablet	10 mg, oral, nightly, Post-op
Anti-coagulation (Single Response)	
() Pharmacy Consult to Manage Heparin: STANDA	RD STAT, Until discontinued, Starting S
dose protocol (DVT/PE) - with titration boluses	Heparin Indication:
	Specify: Give initial Bolus
	Monitoring: Anti-Xa
() HEParin 25,000 unit/500 mL (50 unit/mL)	500 Units/hr, intravenous, continuous, Post-op
	Indication:
	Therapeutic Monitoring Target:
() Henerin holye and infusion	
() Heparin bolus and infusion	00 Linitallun introveneus ander Otarting 0. East Desse Dest an
[] HEParin (porcine) injection	80 Units/kg, intravenous, once, Starting S, For 1 Doses, Post-op
	Indication:
	Therapeutic Monitoring Target: PTT - 61 - 112 sec
[] HEParin 25,000 unit/500 mL (50 unit/mL)	18 Units/kg/hr, intravenous, continuous, Post-op
	Indication: Peripheral vascular disease
	Therapeutic Monitoring Target: PTT - Other
	Specify Target: None - Non-titrated
[] Partial thromboplastin time, activated X 3	Every 6 hours For 3 Occurrences, Post-op
Nausea	
[] ondansetron (ZOFRAN) IV or Oral (Selection Red	quired) "Or" Linked Panel
[] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op
[] ondansetron (ZOFRAN) 4 mg/2 mL injection	
	Give if patient is UNable to tolerate oral medication OR if a faster onset of
	action is required.
[] promethazine (PHENERGAN) IV or Oral or Recta	
[] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op
	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, Post-op
	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, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
	tolerate oral medication.
Bowel regimen (Single Response)	
() docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Post-op
() bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op
() sennosides-docusate sodium (SENOKOT-S) 8.6-	-50 mg 1 tablet, oral, daily PRN, constipation, Post-op
per tablet	
Thrombolysis	
Thrombolysis	
[] Fibrinogen	Now then every 4 hours For 3 Occurrences, Post-op
[] Notify Vascular Surgery Team - Fibrinogen	Routine, Until discontinued, Starting S, If Fibrinogen is less
	than 200, decrease tPA rate by 50%, Post-op
[] RIGHT - alteplase + heparin + sodium chloride	"And" Linked Panel
[] RIGHT - alteplase 8 mg in 240 mL NS	1 mg/hr, intravenous, continuous, Post-op
[] RIGHT - HEParin 25,000 unit/500 mL (50	250 Units/hr, intravenous, titrated, Post-op
unit/mL) in D5W Premix	Indication:
	Therapeutic Monitoring Target:
[] sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous, Post-op
	"And" Linked Panel
[] LEFT - alteplase + heparin + sodium chloride	
[] LEFT - alteplase 8 mg in 240 mL NS	1 mg/hr, intravenous, continuous, Post-op

d5w India) Units/hr, intravenous, titrated, Post-op ication: erapeutic Monitoring Target:
	mL/hr, intravenous, continuous, Post-op
theter Directed Thrombolysis	
Please hold all Anticoagulants while therapy in progres	Routine, Until discontinued, Starting S, Post-op
Strict bed rest	Routine, Until discontinued, Starting S, Post-op
Peripheral vascular assessment	Routine, Once For 1 Occurrences
	DVT or Arterial-Catheter Directed Thrombolysis Admission, Post-op
Intake and output	Routine, Every hour, Post-op
Foley catheter care	Routine, Until discontinued, Starting S
	Orders: Maintain
	To bedside drainage, Post-op
Daily weights	Routine, Daily, Post-op
Nursing wound care	Routine, Every 12 hours
Nursing wound care	Wound care to be performed by:
	Location:
	Site:
	Irrigate wound?
	Apply:
	Dressing Type:
	Reinforce dressing., Post-op
Assess IV site	Routine, Every hour
	Assess catheter access site for bleeding/hematoma every 1
	hour., Post-op
No injections	Routine, Until discontinued, Starting S
	Type of injection:
Notify Developer for fibring on loss than 250 Develope	Post-op
Notify Physician for fibrinogen less than 250 Routine Notify Physician for all changes in TPA and for any bleeding	Routine, Until discontinued, Starting S, Post-op Routine, Until discontinued, Starting S, Post-op
Notify Physician for all changes in TPA and for any	Routine, Until discontinued, Starting S, Post-op
Notify Physician for all changes in TPA and for any bleeding TE /T Risk and Prophylaxis Tool (Single Response) (Sel	Routine, Until discontinued, Starting S, Post-op
Notify Physician for all changes in TPA and for any bleeding TE /T Risk and Prophylaxis Tool (Single Response) (Sel Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratificatio	Routine, Until discontinued, Starting S, Post-op lection Required) URL: "\appt1.pdf"
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Notify Physician for all changes in TPA and for any bleeding TE /T Risk and Prophylaxis Tool (Single Response) (Sel Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratificatio (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active orde therapeutic anticoagulant or VTE prophylaxis (Selec Required) [] Moderate risk of VTE Ro [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Therapeutic anticoagulant or VTE prophylaxis (Selec Required) () High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selec Required) Therapeutic anticoagulant or VTE prophylaxis (Selec Required) () High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selec Required) Ro [] High risk of VTE Ro [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selec Required) Ro [] High risk of VTE Ro [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selec Required) Ro [] High risk of VTE Ro [] Patient currently has an active order for Ro Ro	Routine, Until discontinued, Starting S, Post-op
Notify Physician for all changes in TPA and for any bleeding TE /T Risk and Prophylaxis Tool (Single Response) (Sel Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratificatio (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active orde therapeutic anticoagulant or VTE prophylaxis (Selec Required) [] Moderate risk of VTE Ro [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Therapeutic anticoagulant or VTE No () High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selec Required) Therapeutic anticoagulant or VTE prophylaxis (Selec Required) () High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selec Required) Ro [] High risk of VTE Ro [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selec Required) Ro [] High risk of VTE Ro [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selec Required) Ro [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selec Required) Ro	Routine, Until discontinued, Starting S, Post-op lection Required) URL: "\appt1.pdf" on er for "And" Linked Panel tion putine, Once, PACU & Post-op putine, Once o pharmacologic VTE prophylaxis because: patient is already on erapeutic anticoagulation for other indication. herapy for the following: ACU & Post-op "And" Linked Panel tion putine, Once, PACU & Post-op putine, Once o pharmacologic VTE prophylaxis because: patient is already on
Notify Physician for all changes in TPA and for any bleeding TE /T Risk and Prophylaxis Tool (Single Response) (Sel Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratificatio (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active orde therapeutic anticoagulant or VTE prophylaxis (Selec Required) [] Moderate risk of VTE Ro [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Therapeutic anticoagulant or VTE No () High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selec Required) Therapeutic anticoagulant or VTE prophylaxis (Selec Required) () High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selec Required) Ro [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selec Required) Ro [] High risk of VTE Ro [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selec Required) Ro [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selec Required) Ro	Routine, Until discontinued, Starting S, Post-op lection Required) URL: "\appt1.pdf" on er for "And" Linked Panel ction "And" Linked Panel butine, Once, PACU & Post-op butine, Once o pharmacologic VTE prophylaxis because: patient is already on erapeutic anticoagulation for other indication. herapy for the following: ACU & Post-op "And" Linked Panel ction "And" Linked Panel ction butine, Once, PACU & Post-op butine, Once, PACU & Post-op butine, Once, PACU & Post-op butine, Once

() LOW Risk of DVT (Selection Required)

Low Risk Definition Age less than 60 years and NO other VTE risk factors	

[] 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
	PACU & Post-op
() MODERATE Risk of DVT - Surgical (Selection Reg	uired)
Moderate Risk Definition	
	chanical 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	eg sweining, dicers, venous stasis and hepinotic syndrome
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hours	6
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, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - Su	
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic propl	nylaxis "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): PACU & Post-op
[] Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	Nouline, Conundous, i ACO & i Ost-op
() Contraindications exist for pharmacologic propl	nylaxis "And" Linked Panel
AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s): PACU & Post-op
() 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	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
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 at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	Starting S+1
	For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op 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, PACU & Post-op
 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, PACU & Post-op
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, Starting S+1, PACU & Post-op
	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) MODERATE Risk of DVT - Non-Surgical (Selection Required)	n
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	rs
Less than fully and independently ambulatory	-
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
Major surgery within 3 months of admission [] Moderate Risk (Selection Required)	
Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] [] Moderate risk of VTE	Routine, Once, PACU & Post-op
Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] [] Moderate risk of VTE [] [] Moderate Risk Pharmacological Prophylaxis -	
 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) 	tion
 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) () Patient is currently receiving therapeutic 	tion Routine, Once
 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) 	tion Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
 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) () Patient is currently receiving therapeutic anticoagulation 	tion Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
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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) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis 	tion Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 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) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection 40 mg 	tion Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700
 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) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis 	tion Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

() fondaparinux (ARIXTRA) injection 2.5 mg	2.5 mg aubautanaaya daibu
	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	5,000 Units, subcutaneous, every 8 hours
() HEParin (porcine) injection 5,000 Units	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 to dose warfarin	STAT, Until discontinued, Starting S
() I hannady to dose wahann	=
	Indication:
Mechanical Prophylaxis (Single Response) (S	Selection
Required)	
() Contraindications exist for mechanical	Routine, Once
()	
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
	r_{0}
device continuous	· · · · · · · · · · · · · · · · · · ·
HIGH Risk of DVT - Surgical (Selection Require	d)
High Risk Definition	
Both pharmacologic AND mechanical prophylax	
One or more of the following medical conditions:	
	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia;	myeloproliterative disorders)
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Acute spinal colu injuly with paresis	
Multiple major traumas	
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	
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	
Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE High Risk (Selection Required)	Pouting Once PACI18 Post on
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, PACU & Post-op
Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE High Risk (Selection Required)	
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 - Surg	
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 - Surg (Single Response) (Selection Required)	gical Patient
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 - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic	gical Patient Routine, Once
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 - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic	gical Patient
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 - Surg (Single Response) (Selection Required)	gical Patient 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 - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic	gical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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 - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis	gical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
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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 - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Required) 	gical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op esponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1
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 Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE I High Risk (Selection Required) [] High risk of VTE I High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND 	gical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op esponse) 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
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 Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE I High Risk (Selection Required) [] High Risk of VTE] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () 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 	 Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op esponse) 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 3 mL/min 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of
 Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE I High Risk (Selection Required) [] High Risk of VTE] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () 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 	 Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op esponse) 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 31 mL/min 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of
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 Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE I High Risk (Selection Required) [] High Risk of VTE] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () 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 	 gical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op esponse) 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 31 mL/min 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op 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
 Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE I High Risk (Selection Required) [] High Risk of VTE] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () 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 	 gical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op esponse) 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 31 mL/min 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op 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 CrCl LESS than 30 mL/min.
 Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE I High Risk (Selection Required) [] High Risk of VTE] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () 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 	 gical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op esponse) 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 31 mL/min 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op 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

Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
p
Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & p
nmended for patients with high risk of bleeding, e.g. weight LESS 0kg and age GREATER than 75yrs.
aily at 1700, Starting S+1, PACU & Post-op
Until discontinued, Starting S ion:
e, Once chanical VTE prophylaxis due to the following contraindication(s) & Post-op
e, Continuous, PACU & Post-op
ions, anticardiolipin antibody syndrome; antithrombin, protein C ferative disorders)
e, Once, PACU & Post-op
e, Once
armacologic VTE prophylaxis due to the following indication(s): & Post-op
g, subcutaneous, daily at 1700, Starting S
g, subcutaneous, daily at 1700, Starting S Patients with CrCL LESS than 30 mL/min
nin
Patients weight between 100-139 kg and CrCl GREATER than 30 hin g, subcutaneous, 2 times daily, Starting S
Patients weight between 100-139 kg and CrCl GREATER than 30 nin g, subcutaneous, 2 times daily, Starting S Patients weight 140 kg or GREATER and CrCl GREATER than 30 nin g, subcutaneous, daily patient does not have a history of or suspected case of
Patients weight between 100-139 kg and CrCl GREATER than 30 nin g, subcutaneous, 2 times daily, Starting S Patients weight 140 kg or GREATER and CrCl GREATER than 30 nin g, subcutaneous, daily patient does not have a history of or suspected case of in-Induced Thrombocytopenia (HIT) do NOT order this medication indicated in patients LESS than 50kg, prior to surgery/invasive dure, or CrCl LESS than 30 mL/min. atient has a history of or suspected case of Heparin-Induced
F T F T C F T C C

() 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)	election
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required) High Risk Definition 	on
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin var or protein S deficiency; hyperhomocysteinemia; r 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	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] 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	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() 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	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
	Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
 (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	Indications: VTE prophylaxis sponse)
() 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 Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), 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 GREATER and CrCI GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), 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 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, S+1 at 6:00 AM
	5,000 Units, subcutaneous, every 12 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) 	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
 () Rivaroxaban and Pharmacy Consult (Select 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:
[] Mechanical Prophylaxis (Single Response) (Required)	Selection
() Contraindigations swith far mash anisal	Routine, Once
() Contraindications exist for mechanical prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
	No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op
prophylaxis() Place/Maintain sequential compression	PACU & Post-op Routine, Continuous, PACU & Post-op
 prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response) Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra 	PACU & Post-op Routine, Continuous, PACU & Post-op e) URL: "\appt1.pdf"
 prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response) Patient currently has an active order for therape 	PACU & Post-op Routine, Continuous, PACU & Post-op URL: "\appt1.pdf" utic tification /e order for "And" Linked Panel
 prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response) Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis 	PACU & Post-op Routine, Continuous, PACU & Post-op URL: "\appt1.pdf" utic tification /e order for "And" Linked Panel
 prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Respons Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) 	PACU & Post-op Routine, Continuous, PACU & Post-op e) URL: "\appt1.pdf" utic tification /e order for (Selection (Selection
 prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Respons Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE 	PACU & Post-op Routine, Continuous, PACU & Post-op e) URL: "\appt1.pdf" utic tification /e order for (Selection Routine, Once, PACU & Post-op
 prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Respons Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE 	PACU & Post-op Routine, Continuous, PACU & Post-op We utic tification //e order for "And" Linked Panel (Selection "And" Linked Panel Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op der for "And" Linked Panel
 prophylaxis Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE 	PACU & Post-op Routine, Continuous, PACU & Post-op We utic tification //e order for "And" Linked Panel (Selection "And" Linked Panel Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op der for "And" Linked Panel
 prophylaxis Place/Maintain sequential compression device continuous 77 Risk and Prophylaxis Tool (Single Respons Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis () High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis Required) [] High risk of VTE [] Patient currently has an active order for 	PACU & Post-op Routine, Continuous, PACU & Post-op e) URL: "\appt1.pdf" utic tification /e order for (Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op der for (Selection Routine, Once, PACU & Post-op der for Routine, Once, PACU & Post-op Routine, Once, PACU & Post-op Routine, Once, PACU & Post-op Routine, Once
 prophylaxis Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Respons Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis () High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis [] High risk of VTE 	PACU & Post-op Routine, Continuous, PACU & Post-op e) URL: "\appt1.pdf" utic tification /e order for (Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op der for Routine, Once, PACU & Post-op And" Linked Panel (Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
 prophylaxis Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Respons Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis Required) [] High risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Required) [] High risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	PACU & Post-op Routine, Continuous, PACU & Post-op e) URL: "\appt1.pdf" utic tification /e order for (Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op der for Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
 prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response) Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis () High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis Required) [] High risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Required) [] High risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Required) [] High risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Required) 	PACU & Post-op Routine, Continuous, PACU & Post-op e) URL: "\appt1.pdf" utic tification /e order for (Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op der for Routine, Once, PACU & Post-op And" Linked Panel (Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

	-
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
) MODERATE Risk of DVT - Surgical (Selection Re	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. N contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamr	Aechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line 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	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic pro BUT order Sequential compression device	
 [] Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 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 CrCI 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, PACU & Post-op 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, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g.	Post-op
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, Starting S+1, PACU & Post-op
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
MODERATE Risk of DVT - Non-Surgical (Selecti Required)	ion
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. I contraindicated.	Mechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	e, 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	JIRS
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, PACU & Post-op
] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Sele Required)	ction
() Patient is currently receiving therapeutic	Routine, Once
anticoagulation	No pharmacologic VTE prophylaxis because: patient is already on
	therapeutic anticoagulation for other indication.
	Therapy for the following:
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection 40 mg	40 mg, subcutaneous, daily at 1700
() enoxaparin (LOVENOX) injection 30 mg	
() enoxaparin (LOVENOX) injection 30 mg	30 mg, subcutaneous, daily at 1700 if CrCL LESS than 30 mL/min
 enoxaparin (LOVENOX) injection 30 mg fondaparinux (ARIXTRA) injection 2.5 mg 	30 mg, subcutaneous, daily at 1700 if CrCL LESS than 30 mL/min 2.5 mg, subcutaneous, daily
	30 mg, subcutaneous, daily at 1700 if CrCL LESS than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of
	 30 mg, subcutaneous, daily at 1700 if CrCL LESS than 30 mL/min 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
	 30 mg, subcutaneous, daily at 1700 if CrCL LESS than 30 mL/min 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
	 30 mg, subcutaneous, daily at 1700 if CrCL LESS than 30 mL/min 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
	 30 mg, subcutaneous, daily at 1700 if CrCL LESS than 30 mL/min 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):
 () fondaparinux (ARIXTRA) injection 2.5 mg () HEParin (porcine) injection 5,000 Units 	 30 mg, subcutaneous, daily at 1700 if CrCL LESS than 30 mL/min 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): 5,000 Units, subcutaneous, every 8 hours
() fondaparinux (ARIXTRA) injection 2.5 mg	 30 mg, subcutaneous, daily at 1700 if CrCL LESS than 30 mL/min 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): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours
 () fondaparinux (ARIXTRA) injection 2.5 mg () HEParin (porcine) injection 5,000 Units 	 30 mg, subcutaneous, daily at 1700 if CrCL LESS than 30 mL/min 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): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS
 () fondaparinux (ARIXTRA) injection 2.5 mg () HEParin (porcine) injection 5,000 Units () HEParin (porcine) injection 5,000 Units 	 30 mg, subcutaneous, daily at 1700 if CrCL LESS than 30 mL/min 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): 5,000 Units, subcutaneous, every 8 hours 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.
 () fondaparinux (ARIXTRA) injection 2.5 mg () HEParin (porcine) injection 5,000 Units 	 30 mg, subcutaneous, daily at 1700 if CrCL LESS than 30 mL/min 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): 5,000 Units, subcutaneous, every 8 hours 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. oral, daily at 1700
 () fondaparinux (ARIXTRA) injection 2.5 mg () HEParin (porcine) injection 5,000 Units () HEParin (porcine) injection 5,000 Units 	 30 mg, subcutaneous, daily at 1700 if CrCL LESS than 30 mL/min 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): 5,000 Units, subcutaneous, every 8 hours 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.

() Pharmacy to dose warfarin	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 Place/Maintain sequential compression device continuous 	Routine, Continuous, PACU & Post-op
HIGH Risk of DVT - Surgical (Selection Required)	
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	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required)	
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) 	Routine, Once, PACU & Post-op cal Patient
 (onigie response) (detection required) () Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() 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, 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, PACU & Post-op 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
 () fondaparinux (ARIXTRA) injection () heparin (porcine) injection 	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op 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.
	 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
 () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS

Required)

 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
HIGH Risk of DVT - Non-Surgical (Selection Requ	ired)
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; my Severe fracture of hip, pelvis or leg	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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)	Pouting Once DACIL & Dect on
High risk of VTE High Pick Pharmacological Prophylaxic	Routine, Once, PACU & Post-op
 High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) 	นายูเวลา
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 enoxaparin (LOVENOX) injection (Single Resp (Selection Required) 	oonse)
() 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 CrCl GREATER 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
() patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S 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 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.	5,000 Units, subcutaneous, every 12 hours 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) (Sel Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op

High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	
Thrombophilia (Factor V Leiden, prothrombin varia	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; my	yeloproliferative disorders)
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, PACU & Post-op
(Arthroplasty) Surgical Patient (Single Response	σ)
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() 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 Re	equired)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
[](Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
 enoxaparin (LOVENOX) injection (Single Resp (Selection Required) 	
	40 mm subsutaneous deily at 0000. Starting 014
() 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	30 mg, subcutaneous, daily at 0600, Starting S+1
Patients with CrCL LESS than 30 mL/min	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	Starting S+1
CrCI GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min.
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 140 kg or	Starting S+1
GREATER and CrCl GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	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 CrCI LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
() honorin (norgina) injection	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) () Rivaroxaban and Pharmacy Consult (Selection	than 50kg and age GREATER than 75yrs.
Required)	
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this	Indications: VTE prophylaxis
admission	
	STAT, Until discontinued, Starting S
 Pharmacy consult to monitor rivaroxaban (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) (Required)	Selection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op

Labs

Laboratory Today

[] CBC with platelet and differential	Once, Post-op
[] Basic metabolic panel	Once, Post-op
[] Comprehensive metabolic panel	Once, Post-op
[] Prothrombin time with INR	Once, Post-op
[] Partial thromboplastin time	Once, Post-op
[] Magnesium level	Once, Post-op
[] Blood gas, arterial	Now then every 6 hours For 3 Occurrences, Post-op
[] Lactate dehydrogenase (LD) isoenzymes	Every 4 hours For 3 Occurrences, Post-op
[] Creatine kinase, total (CPK)	Every 4 hours For 3 Occurrences, Post-op
[] Hepatic function panel	Once For 1 Occurrences, Post-op
[] Troponin	Every 4 hours For 3 Occurrences, Post-op

Laboratory Tomorrow

[] CBC with platelet and differential	AM draw For 1 Occurrences, Post-op
[] Basic metabolic panel	AM draw For 1 Occurrences, Post-op
[] Comprehensive metabolic panel	AM draw For 1 Occurrences, Post-op
[] Prothrombin time with INR	AM draw For 1 Occurrences, Post-op
[] Partial thromboplastin time	AM draw For 1 Occurrences, Post-op
[] Magnesium level	AM draw For 1 Occurrences, Post-op
[] Fibrinogen	AM draw For 1 Occurrences, Post-op
[] Hepatic function panel	AM draw For 1 Occurrences, Post-op

Cardiology

Imaging

X-Ray	
[] Chest 1 Vw Portable	STAT, 1 time imaging For 1 , Post-op
[] XR Chest 1 Vw Portable - AM	Routine, 1 time imaging, Starting S+1 at 6:00 AM For 1,
	Post-op

Other Studies

Other Diagnostic Studies

[] ECG Pre/Post Op

STAT, Once Clinical Indications: Interpreting Physician: Post-op

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

Reason for Consult? Discharge planning Post-op
Reason for Consult? Discharge planning Post-op
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: Post-op
Special Instructions: Location of Wound? Post-op
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: Post-op
Reason For Consult? Purpose/Topic: Post-op
Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult: Post-op
Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Post-op
Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Post-op
Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Post-op
Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Post-op

Additional Orders