NEUROIR Post Neuro Vascular Lesion Embolization [1539]

General

Admission or Observation (Single Response) (Selection Required)

( ) Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
( ) Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:
( ) Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:

Transfer

[ ] Transfer patient	Level of Care: Bed request comments:

Code Status

[ ] Full code	Code Status decision reached by:
[ ] DNR (Selection Required)	
[ ] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity?
[ ] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[ ] Consult to Social Work	Reason for Consult:
[ ] Modified Code	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions:
[ ] Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions:

Precautions

[ ] Aspiration precautions	Details
[ ] Fall precautions	Increased observation level needed:
[ ] Latex precautions	Details
[ ] Seizure precautions	Increased observation level needed:

Nursing

Femoral - Sheath Removal

[ ] Closure Devices	
[ ] The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[ ] Activity (Selection Required)	

[ ] Patient was treated with a closure device.	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight., Post-op
[ ] Patient Education Prior to Sheath Removal and Hospital Discharge	
[ ] Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify),Activity Specify: Patient education prior to post sheath removal. Sign and symptoms, Post-op
[ ] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify),Activity,Discharge,Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op
[ ] Post Procedure Assessment	
[ ] Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[ ] Assess post-sheath cath site	Routine, Every 15 min For Until specified Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[ ] Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[ ] Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[ ] Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[ ] Manual Pressure	
[ ] The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op
[ ] Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[ ] The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[ ] Activity (Selection Required)	
[ ] Bed rest times following Procedure using femoral artery access are: (Must Select One) (Single Response) (Selection Required)	

( ) Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
( ) Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
( ) Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
( ) Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours.	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op

[ ] Patient Education Prior to Sheath Removal and Hospital Discharge

[ ] Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify),Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
[ ] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify),Activity,Discharge,Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op

[ ] Pre-Sheath Removal

[ ] Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op
[ ] Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
[ ] Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[ ] Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
[ ] Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op

[ ] Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op

[ ] Post-Sheath Removal

[ ] Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[ ] Assess post-sheath cath site	Routine, Every 15 min For Until specified Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[ ] Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[ ] Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[ ] Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op

[ ] Compression Systems (Single Response)

( ) C-clamp (Selection Required)

[ ] The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal of a systolic blood if pressure >160mmHg., Post-op
[ ] Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[ ] The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op

[ ] Activity Post Sheath Removal-Femoral Approach (Selection Required)

[ ] Bed rest times following Procedure using femoral artery access are: (Must Select One) (Single Response) (Selection Required)

( ) Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
( ) Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
( ) Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op

( ) Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours.	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
[ ] Patient Education Prior to Sheath Removal and Hospital Discharge	
[ ] Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify),Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
[ ] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify),Activity,Discharge,Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op
[ ] Pre-Sheath Removal	
[ ] Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op
[ ] Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
[ ] Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[ ] Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
[ ] Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[ ] Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[ ] Post-Sheath Removal	
[ ] Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[ ] Assess post-sheath cath site	Routine, Every 15 min For Until specified Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op

[ ] Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[ ] Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[ ] Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op

( ) Femostop

[ ] The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal of a systolic blood if pressure >160mmHg., Post-op
[ ] Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[ ] The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, capillary refill > 3 seconds, cynosis, numbness and/or pain in affected extremity, bleeding, hematoma formation, or signs of complication., Post-op
[ ] Follow Femostop manufacturer's guidelines in package insert.	Routine, Until discontinued, Starting S, Post-op

[ ] Activity Post Sheath Removal-Femoral Approach (Selection Required)

[ ] Bed rest times following Procedure using femoral artery access are: (Must Select One) (Single Response) (Selection Required)

( ) Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
( ) Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
( ) Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
( ) Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours.	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op

[ ] Patient Education Prior to Sheath Removal and Hospital Discharge

[ ] Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify),Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op

[ ] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify),Activity,Discharge,Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op
[ ] Pre-Sheath Removal	
[ ] Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op
[ ] Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
[ ] Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[ ] Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
[ ] Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[ ] Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[ ] Post-Sheath Removal	
[ ] Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[ ] Assess post-sheath cath site	Routine, Every 15 min For Until specified Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[ ] Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[ ] Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[ ] Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op

Radial - Sheath Removal

[ ] Radial Compression Device (Selection Required)	
[ ] NOTIFY: The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op
[ ] Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[ ] The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[ ] Place/Maintain Sequential Compression Device following Manufacturer Insert/instructions.	Routine, Continuous Follow manufacturer insert/instructions for use, physician orders, or Progressive Cuff Deflation instruction specific to Diagnostic or Interventional Procedure performed. Radial Band, Post-op
[ ] Progressive cuff deflation (Single Response) (Selection Required)	
( ) Diagnostic Procedures only (Selection Required)	
[ ] 30 minutes after Radial Compression Device applied	Routine, Until discontinued, Starting S deflate 3cc of air from cuff. If no bleeding occurs from site, deflate 3cc of air from the Radial Compression Device every 5 minutes until all air is completely removed. If bleeding occurs when 3cc of air is removed, re-inflate with 3cc of air. Wait 15 minutes, then restart releasing 3cc of air every 5 minutes until all air is completely removed. If site remains free of bleeding/hematoma after 5 min, remove TR band, apply dressing., Post-op
[ ] Monitor access site and extremity distal to puncture wound	Routine, Until discontinued, Starting S every 15 minutes until Radial Compression Device is removed., Post-op
[ ] Assess for absence of ulnar pulse, caplilary refill greater than 3 seconds, cyanosis, numbness and/or pain in affected extremity.	Routine, Until discontinued, Starting S, If any of these are present, notify the procedural Cardiologist.
( ) Interventional Procedures only (Selection Required)	
[ ] 2 hours after Radial Compression Device applied deflate 3cc	Routine, Until discontinued, Starting S if no bleeding at site, deflate 3cc every 10 min until all air removed from cuff. If bleeding occurs when 3cc of air is removed, re-inflate with 3cc of air. Wait 30 minutes then restart releasing 3cc of air every 10 minutes until all air has been removed. If site remains free of bleeding/hematoma after 5 min, remove TR band, apply dressing., Post-op
[ ] Evaluate access site for bleeding as follows:	Routine, Until discontinued, Starting S every 15 minutes x 4; every 30 minutes x2; and every hour x2., Post-op
[ ] Patient Education Prior to Sheath Removal and Hospital Discharge	
[ ] Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify),Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op

[ ] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify),Activity,Discharge,Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op
[ ] Pre-Sheath Removal	
[ ] Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op
[ ] Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
[ ] Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[ ] Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
[ ] Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[ ] Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[ ] Post-Sheath Removal (Selection Required)	
[ ] Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[ ] Peripheral vascular assessment - Monitor access site	Routine, Every 15 min Monitor access site, extremity distal to puncture every 15 min until Radial approach cath band removed., Post-op
[ ] Notify physician of bleeding and/or loss of pulses.	Routine, Until discontinued, Starting S, Notify physician of bleeding and/or loss of pulses., Post-op
[ ] Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[ ] No blood pressure readings, lab draws, or IV access	Routine, Until discontinued, Starting S No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours., Post-op
[ ] Limit movement in affected arm 6 hrs post procedure	Routine, Until discontinued, Starting S keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs. If needed, place wrist on arm board to restrict movement., Post-op

[ ] Patient may ambulate 30 minutes after arrival in recovery area.	Routine, Until discontinued, Starting S Specify: Other activity (specify) Other: Patient may ambulate 30 minutes after arrival in recovery area. Post-op
[ ] Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[ ] Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op

[ ] Manual Pressure - without Radial Compression Device

[ ] The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal of a systolic blood if pressure >160mmHg., Post-op
[ ] Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[ ] The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op

[ ] Patient Education Prior to Sheath Removal and Hospital Discharge

[ ] Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify),Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
[ ] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify),Activity,Discharge,Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op

[ ] Pre-Sheath Removal

[ ] Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op
[ ] Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
[ ] Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[ ] Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op

[ ] Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[ ] Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op

[ ] Post-Sheath Removal

[ ] Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[ ] Notify physician of bleeding and/or loss of pulses.	Routine, Until discontinued, Starting S, Notify physician of bleeding and/or loss of pulses., Post-op
[ ] Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[ ] No blood pressure readings, lab draws, or IV access	Routine, Until discontinued, Starting S No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours., Post-op
[ ] Limit movement in affected arm 6 hrs post procedure	Routine, Until discontinued, Starting S keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs. If needed, place wrist on arm board to restrict movement., Post-op
[ ] Patient may ambulate 30 minutes after arrival in recovery area.	Routine, Until discontinued, Starting S Specify: Other activity (specify) Other: Patient may ambulate 30 minutes after arrival in recovery area. Post-op
[ ] Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[ ] Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op

Diet

[ ] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
[ ] Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:

IV Fluids

IV Fluids (Single Response)

( ) sodium chloride 0.9 % infusion	intravenous, continuous

( )	sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous
( )	lactated Ringer's infusion	intravenous, continuous
( )	sodium chloride with femoral sheath	intravenous, continuous Give with femoral sheath(s)

Medications

Anti-emetics

[ ]	ondansetron (ZOFRAN) Oral or IV	**"Or" Linked Panel**
[ ]	ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[ ]	ondansetron (ZOFRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[ ]	promethazine (PHENERGAN) Oral, Rectal, or IV	**"Or" Linked Panel**
[ ]	promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate rectal or oral medication.
[ ]	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Give if ondansetron (ZOFRAN) is ineffective and patient is unable to tolerate oral medication.
[ ]	promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Give if ondansetron (ZOFRAN) is ineffective and patient is unable to tolerate oral or rectal medication or if faster action is required

Sleep: For Patients LESS than 70 years old (Single Response)

( )	zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep
( )	ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep

Sleep: For Patients GREATER than or EQUAL to 70 years old

[ ]	ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep

Medications

[ ]	Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses	Routine, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa
[ ]	heparin infusion 50 units/mL	intravenous Indication: Therapeutic Monitoring Target:
[ ]	aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily
[ ]	aspirin (ECOTRIN) enteric coated tablet	325 mg, oral, daily
[ ]	clopidogrel (PLAVIX) tablet	75 mg, oral, daily
[ ]	ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily
[ ]	eptifibatide (INTEGRILIN) infusion with intra-arterial bolus	
[ ]	eptifibatide (INTEGRILIN) intra-arterial bolus	90 mcg/kg, intra-arterial, once, For 1 Doses ** For intra-arterial injection ONLY. NOT for IV use ** To be administered in neuro-interventional radiology by proceduralist.
[ ]	eptifibatide (INTEGRILIN) infusion	0.5 mcg/kg/min, intravenous, continuous
[ ]	dexamethasone Oral or IV (Single Response)	
( )	dexamethasone (DECADRON) IV	6 mg, intravenous, every 6 hours scheduled
( )	dexamethasone (DECADRON) tablet	6 mg, oral, every 6 hours scheduled
[ ]	famotidine (PEPCID) injection	20 mg, intravenous, 2 times daily
[ ]	sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, 2 times daily For narcotic induced constipation

Pain Medications (Single Response)

Check Prescription Drug Monitoring Program.
Prior to initiation of opioid therapy, it is recommended to check the prescription monitoring program (PMP) database to assess patient's opioid tolerance status. A summarized version of the PMP report may be accessed by clicking on the NaRx Score on the patient's Storyboard. You may access the full version of the Texas PMP here."
(https://texas.pmpaware.net/login)
Texas PMP

Pain Management Guide

PCA Weaning Instructions

Due to risk of accumulation of toxic metabolite, the use of morphine in patients with renal dysfunction is not recommended. An alternative opioid should be utilized, if possible.

( ) Scheduled Pain Medications (Single Response)

Consider scheduled option if pain source is present and patient unable to reliably communicate needs.
Do not order both scheduled and PRN NSAIDs/APAP simultaneously.

( ) acetaminophen (TYLENOL) 500 mg tablet or liquid **"Or" Linked Panel**	
[ ] acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet.
[ ] acetaminophen (TYLENOL) liquid	500 mg, oral, every 6 hours scheduled
( ) acetaminophen (TYLENOL) 650 mg tablet or liquid **"Or" Linked Panel**	
[ ] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet.
[ ] acetaminophen (TYLENOL) liquid	650 mg, oral, every 6 hours scheduled

( ) NSAIDS: For Patients LESS than 65 years old (Single Response)

( ) ibuprofen (ADVIL, MOTRIN) tablet or oral suspension **"Or" Linked Panel**	
[ ] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours scheduled Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
[ ] ibuprofen (MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours scheduled Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
( ) naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily
( ) celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily
( ) ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours scheduled For patients LESS THAN 65 years old. Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.

( ) NSAIDS: For Patients GREATER than or EQUAL to 65 years old (Single Response)

( ) ibuprofen (ADVIL, MOTRIN) tablet or oral suspension **"Or" Linked Panel**	
[ ] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours scheduled, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
[ ] ibuprofen (MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours scheduled, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet.
( ) naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
( ) celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily, Post-op For age GREATER than or EQUAL to 65 yo and patients LESS than 50kg. Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.

( ) ketorolac (TORADOL) injection 15 mg, intravenous, every 6 hours scheduled, Post-op

( ) PRN Pain Medications

Consider scheduled option if pain source is present and patient unable to reliably communicate needs. Monitor closely for response. Adjust dose for renal/liver function and age. Do not order both scheduled and PRN NSAIDs/APAP simultaneously. Order ONLY one short acting PO and short acting IV simultaneously. Oral option and IV options to be ordered simultaneously.

[ ] PRN Oral Medications for Mild Pain (Pain Score 1-3): For Patients LESS than 65 years old (Single Response)

Do not order both scheduled and PRN NSAIDs/APAP simultaneously.

( ) acetaminophen (TYLENOL) tablet OR oral suspension OR rectal suppository **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
Give if patient able to swallow tablet.

[ ] acetaminophen (TYLENOL)suspension 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
Use if patient cannot tolerate oral tablet.

[ ] acetaminophen (TYLENOL) suppository 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3)
Use if patient cannot tolerate oral tablet OR oral solution.

( ) ibuprofen (ADVIL, MOTRIN) tablet or oral suspension **"Or" Linked Panel**

[ ] ibuprofen (ADVIL, MOTRIN) tablet 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
Give if patient is able to tolerate oral medication.

[ ] ibuprofen (MOTRIN) 100 mg/5 mL suspension 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
Use if patient cannot swallow tablet.

( ) naproxen (NAPROSYN) tablet 250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op
Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.

( ) celecoxib (CeleBREX) capsule 100 mg, oral, 2 times daily PRN, mild pain (score 1-3), Post-op
Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.

( ) ketorolac (TORADOL) injection 15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3)
Give if patient unable to swallow tablet.

[ ] PRN Oral Medications for Mild Pain (Pain Score 1-3): For Patients GREATER than or EQUAL to 65 years old (Single Response)

Consider scheduled option if pain source is present and patient unable to reliably communicate needs. Monitor closely for response. Adjust dose for renal/liver function and age. Do not order both scheduled and PRN NSAIDs/APAP simultaneously. Order ONLY one short acting PO and short acting IV simultaneously. Oral option and IV options to be ordered simultaneously.

( ) acetaminophen (TYLENOL) tablet OR oral suspension **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
Use if patient can tolerate oral tablet.

[ ] acetaminophen (TYLENOL)suspension 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
Use if patient cannot tolerate oral tablet.

[ ] PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir **"Or" Linked Panel**

[ ]	acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
[ ]	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 Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
( )	HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**
	Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ]	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
[ ]	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
( )	oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Tablets may be crushed. Give if patient able to swallow tablet
( )	traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Max daily dose 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
[ ]	PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than or EQUAL to 65 years old (Single Response)	
( )	acetaminophen-codeine (TYLENOL #3) tablet OR elixir	**"Or" Linked Panel**
[ ]	acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
[ ]	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 Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
( )	HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**
	Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ]	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
[ ]	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
( )	oxyCODONE (ROXICODONE) immediate release tablet	2.5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Tablets may be crushed. Give if patient able to swallow tablet

( ) traMADoL (ULTRAM) tablet	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.

[ ] PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old if unable to tolerate Oral Pain Medication. (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

( ) morPHINE injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
( ) hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications

( ) ketorolac (TORADOL) IV (Single Response)

Do NOT use in patients with eGFR LESS than 30 mL/min.
WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

( ) For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications

[ ] PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than or EQUAL to 65 years old if unable to tolerate Oral Pain Medication. (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized. (adjust dose for renal/liver function and age)

( ) morPHINE injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
( ) hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications

[ ] PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

( ) HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet.
[ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.

( )	morPHINE immediate-release tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet
( )	oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet

[ ] PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than or EQUAL to 65 years old (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

( )	oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Oral tablets may be crushed. Give if patient able to swallow tablet
( )	morPHINE immediate-release tablet	7.5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Oral tablets may be crushed. Give if patient able to swallow tablets.
( )	HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient able to swallow tablet.
[ ]	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
( )	HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet.
[ ]	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
( )	traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, severe pain (score 7-10) Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.

[ ] PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old if unable to tolerate Oral Pain Medication. (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

( )	fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
( )	morPHINE injection	4 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
( )	hydromorPHONE (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.

[ ] PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than or EQUAL to 65 years old if unable to tolerate Oral Pain Medication. (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

( ) fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
( ) morPHINE injection	2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
( ) hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.

VTE

DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)

VTE/DVT Risk Definitions — URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"

( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] Moderate risk of VTE	Routine, Once
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

[ ] Place sequential compression device (Single Response)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] Moderate risk of VTE	Routine, Once
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

[ ] Place sequential compression device (Single Response)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] High risk of VTE — Routine, Once

[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis — Routine, Once
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

[ ] Place sequential compression device (Single Response)

( ) Contraindications exist for mechanical prophylaxis — Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):

( ) Place/Maintain sequential compression device continuous — Routine, Continuous

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] High risk of VTE — Routine, Once

[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis — Routine, Once
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

[ ] Place sequential compression device (Single Response)

( ) Contraindications exist for mechanical prophylaxis — Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):

( ) Place/Maintain sequential compression device continuous — Routine, Continuous

( ) 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

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, 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 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE — Routine, Once

[ ] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device — **"And" Linked Panel**

[ ] Contraindications exist for pharmacologic prophylaxis — Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

[ ] Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	**"And" Linked Panel**
[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[ ] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) 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 CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
( ) 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) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, 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 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)	
[ ] Moderate risk of VTE	Routine, Once
[ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	**"And" Linked Panel**
[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	**"And" Linked Panel**
[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[ ] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) patients weight 140 kg or GREATER AND CrCl 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 Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours

( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative 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

[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
( ) 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) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

( ) HIGH Risk of DVT - Non-Surgical (Selection Required)

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative 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

[ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) patients weight 140 kg or GREATER AND CrCl 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 Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours

( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

( ) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative 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

[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1

( ) Apixaban and Pharmacy Consult (Selection Required)

[ ] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
( ) enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 Indication(s): VTE Prophylaxis
( ) 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. Indication(s): VTE Prophylaxis
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl 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. Indication(s): VTE Prophylaxis

( ) enoxaparin (LOVENOX) syringe - For Patients weight between 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 Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
( ) Rivaroxaban and Pharmacy Consult (Selection Required)	
[ ] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[ ] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)

VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"

( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)	
( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
[ ] Moderate risk of VTE	Routine, Once
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[ ] Place sequential compression device (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	

[ ] Moderate risk of VTE	Routine, Once
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

[ ] Place sequential compression device (Single Response)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] High risk of VTE	Routine, Once
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

[ ] Place sequential compression device (Single Response)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] High risk of VTE	Routine, Once
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

[ ] Place sequential compression device (Single Response)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

( ) 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

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, 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 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)	
[ ] Moderate risk of VTE	Routine, Once
[ ] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device	**"And" Linked Panel**
[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	**"And" Linked Panel**
[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[ ] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
( ) 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) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, 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 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE	Routine, Once

[ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device **"And" Linked Panel**

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous

( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis **"And" Linked Panel**

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[ ] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): VTE Prophylaxis
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis

( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

[ ] High Risk (Selection Required)	
[ ] High risk of VTE	Routine, Once
[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

( ) HIGH Risk of DVT - Non-Surgical (Selection Required)

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once

[ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1 Indication(s): VTE Prophylaxis
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

( ) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once

[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
( ) Apixaban and Pharmacy Consult (Selection Required)	
[ ] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
( ) enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 Indication(s): VTE Prophylaxis
( ) 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. Indication(s): VTE Prophylaxis
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl 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. Indication(s): VTE Prophylaxis
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 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 Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
( ) Rivaroxaban and Pharmacy Consult (Selection Required)	
[ ] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[ ] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis

( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

DVT Risk and Prophylaxis Tool (Single Response)

VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"

( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] Moderate risk of VTE	Routine, Once
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

[ ] Place sequential compression device (Single Response)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] Moderate risk of VTE	Routine, Once
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

[ ] Place sequential compression device (Single Response)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] High risk of VTE	Routine, Once
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

[ ] Place sequential compression device (Single Response)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] High risk of VTE	Routine, Once

[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis — Routine, Once
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

[ ] Place sequential compression device (Single Response)

( ) Contraindications exist for mechanical prophylaxis — Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):

( ) Place/Maintain sequential compression device continuous — Routine, Continuous

( ) 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

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, 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 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE — Routine, Once

[ ] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device — **"And" Linked Panel**

[ ] Contraindications exist for pharmacologic prophylaxis — Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

[ ] Place/Maintain sequential compression device continuous — Routine, Continuous

( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis — **"And" Linked Panel**

[ ] Contraindications exist for pharmacologic prophylaxis — Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

[ ] Contraindications exist for mechanical prophylaxis — Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

( ) enoxaparin (LOVENOX) syringe — 40 mg, subcutaneous, daily at 0600, Starting S+1
Indication(s): VTE Prophylaxis

( ) 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 Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) 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 CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
( ) 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) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, 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 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE	Routine, Once

[ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	**"And" Linked Panel**

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous

( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis **"And" Linked Panel**

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[ ] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) patients weight 140 kg or GREATER AND CrCl 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 Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative 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
[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
( ) 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) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
( ) HIGH Risk of DVT - Non-Surgical (Selection Required)	

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative 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
[ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
( ) patients weight 140 kg or GREATER AND CrCl 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 Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
( ) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	

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

( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.	
( ) Rivaroxaban and Pharmacy Consult (Selection Required)		
[ ] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis	
[ ] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis	
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:	
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)		
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):	
( ) Place/Maintain sequential compression device continuous	Routine, Continuous	

Labs

Cardiology

Diagnostic Imaging

Other Diagnostic Studies

Respiratory

Respiratory

[ ] Oxygen therapy	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy:
[ ] Oxygen therapy	Routine, Continuous Device: Non-rebreather mask Rate in liters per minute: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy:

Rehab

Consults

Additional Orders

Discharge

Discharge Order (Single Response)

( ) Discharge patient when criteria met	Routine, Once Discharge Criteria: Clearing specialty: Scheduling/ADT

Discontinue tubes/drains

[ ] Discontinue Foley catheter	Routine, Once, Scheduling/ADT

[ ] Discharge home with Foley catheter	Routine, Once, Scheduling/ADT
[ ] Discontinue IV	Routine, Once For 1 Occurrences, Scheduling/ADT
[ ] Deaccess port	
[ ] Deaccess Port-a-cath	Routine, Once, Scheduling/ADT
[ ] heparin, porcine (PF) 100 unit/mL injection	intra-catheter, once, Scheduling/ADT

Discharge Activity

[ ] Activity as tolerated	Routine, Normal, Scheduling/ADT
[ ] Lifting restrictions	Routine, Normal, Scheduling/ADT, No lifting over 10 pounds.
[ ] Shower instructions:	Routine, Normal, Scheduling/ADT, May remove large dressing and shower the day after procedure/do not remove Steri-strips. ***
[ ] Discharge activity	Routine, Normal, Scheduling/ADT
[ ] Other restrictions (specify):	Routine, Normal, Scheduling/ADT, ***

Wound/Incision Care

[ ] Discharge wound care	Routine, Normal, Scheduling/ADT, May remove large dressing the day after procedure/do not remove Steri-strips. ***

Discharge Diet - REQUIRED

[ ] Discharge Diet	Routine, Normal, Scheduling/ADT Discharge Diet:

Patient to notify physician

[ ] Call physician for:	Routine, Normal, Scheduling/ADT, Temperature greater than 100.5
[ ] Call physician for: Persistent nausea or vomiting	Routine, Normal, Scheduling/ADT
[ ] Call physician for: severe uncontrolled pain	Routine, Normal, Scheduling/ADT
[ ] Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)	Routine, Normal, Scheduling/ADT
[ ] Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Normal, Scheduling/ADT

Discharge Education

[ ] Nurse to provide discharge education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide patient education Scheduling/ADT

Discharge Instructions

[ ] Additional discharge instructions for Patient	Routine, Normal, Scheduling/ADT, ***
[ ] Discharge instructions for Nursing- Will not show on AVS	Routine, Once ***, Scheduling/ADT

Place Follow-Up Order

[ ] Follow-up with me	Follow up with me: Clinic Contact: Follow up in: On date: Appointment Time: