Kidney Living Donor Laparoscopic Post-Op [1989]

П	Acidosis	Post-op
1	Acute Post-Hemorrhagic Anemia	Post-op
i	Acute Renal Failure	Post-op
j	Acute Respiratory Failure	Post-op
]	Acute Thromboembolism of Deep Veins of Lower Extremities	Post-op
]	Anemia	Post-op
]	Bacteremia	Post-op
]	Bipolar disorder, unspecified	Post-op
]	Cardiac Arrest	Post-op
]	Cardiac Dysrhythmia	Post-op
]	Cardiogenic Shock	Post-op
]	Decubitus Ulcer	Post-op
]	Dementia in Conditions Classified Elsewhere	Post-op
]	Disorder of Liver	Post-op
]	Electrolyte and Fluid Disorder	Post-op
]	Intestinal Infection due to Clostridium Difficile	Post-op
]	Methicillin Resistant Staphylococcus Aureus Infection	Post-op
]	Obstructive Chronic Bronchitis with Exacerbation	Post-op
]	Other Alteration of Consciousness	Post-op
]	Other and Unspecified Coagulation Defects	Post-op
]	Other Pulmonary Embolism and Infarction	Post-op
]	Phlebitis and Thrombophlebitis	Post-op
]	Protein-calorie Malnutrition	Post-op
]	Psychosis, unspecified psychosis type	Post-op
]	Schizophrenia Disorder	Post-op
]	Sepsis	Post-op
]	Septic Shock	Post-op
]	Septicemia	Post-op
]	Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
]	Urinary Tract Infection, Site Not Specified	Post-op
le	ective Outpatient, Observation, or Admission (Single F	· · · ·
)	Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
)		Admitting Physician:
	supervision	Patient Condition:
		Bed request comments: PACU & Post-op
١	Outpatient in a bed - extended recovery	Admitting Physician:
)	Outpatient in a bed - extended recovery	Bed request comments:
		PACU & Post-op
	Admit to Inpatient	Admitting Physician:
)	, and a mpaner	Level of Care:
)		Patient Condition:
)		Bed request comments:
)		Deu 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
)		Certification: I certify that based on my best clinical judgmer and the patient's condition as documented in the HP and

Patient has active outpatient status order on file	
() Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
() Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Admission (Single Response) Patient has active status order on file	
() Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Transfer (Single Response) Patient has active inpatient status order on file	
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed Code Status @CERMSG(674511:)@	Routine, Until discontinued, Starting S, Scheduling/ADT
[X] Code Status (Single Response) DNR and Modified Code orders should be placed by	by the responsible physician.
	Code Status decision reached by: Post-op
() DNR (Do Not Resuscitate) (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? Post-op

[1] O 1/4 D 11/4 O O 1	D: '	
[] Consult to Palliative Care Service	Priority	/: n for Consult?
	Order?	
		of referring provider:
		call back number:
[] Consult to Social Work	Reaso Post-o	n for Consult: p
() Modified Code		patient/surrogate require the use of an interpreter?
		patient/surrogate require the use of an interpreter?
	•	atient have decision-making capacity?
		d Code restrictions:
[1] Treatment Destrictions ((For use when a notice)	Post-op	
[] Treatment Restrictions ((For use when a patient in a cardiopulmonary arrest))	I IS NOT	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by:
		Specify Treatment Restrictions:
		Post-op
Isolation		
[] Airborne isolation status	Details	
Mycobacterium tuberculosis by PCR - If you		putum, Post-op
suspect Tuberculosis, please order this test for rapid diagnostics.	Office, o	putum, r ost-op
[] Contact isolation status		Details
[] Droplet isolation status		Details
[] Enteric isolation status		Details
Precautions		
[] Aspiration precautions		Post-op
[] Fall precautions		Increased observation level needed: Post-op
[] Latex precautions		Post-op
[] Seizure precautions		Increased observation level needed:
		Post-op
Nursing		
Vitals		
[X] Vital signs - T/P/R/BP		Routine, Per unit protocol, Post-op
[7] Vital oigno 1777/VDI		reduite, for any protection, foot op
Activity		
[X] Activity as tolerated		Routine, Until discontinued, Starting S
		Specify: Activity as tolerated
		Post-op
[] Dangle at bedside		Routine, Once, Starting S
		Sit at bedside this evening with assistance, Post-op
[] Ambulate		Routine, Every shift
		Specify: Post-op
Numero		•
Nursing Please place SCD's and Compression Stocking of	orders in VT	E section
[X] Turn cough deep breathe		Routine, Every 2 hours
<u> </u>		During the day and every 4 hours through the night, Post-op
[X] Foley catheter care		Routine, Until discontinued, Starting S Orders: Maintain,to gravity
Printed on 0/44/2022 at 40:40 ANA frame Decades (1)		Post-op
Printed on 9/14/2022 at 10:49 AM from Production		Page 3 of 3

[X] Intake and output	Routine, Every 8 hours record intake and output every 8 hours, Post-op
[X] Daily weights	Routine, Daily Weigh upon arrival, Post-op
[] Epidural per Anesthesia protocol	Routine, Until discontinued, Starting S, Post-op
Notify	
[] Notify urology	Routine, Once Notify urology resident with all non-urgent questions (resident on-call can be found through Fondren 12), Post-op
[] Notify Surgeon's office	Routine, Until discontinued, Starting S, Surgeon's office upon patient arrival to unit and room number at phone # ***, Post-op
[X] Notify Donor Advocate of patient arrival and location	Post-op
Diet	
[] NPO - Except meds and ice chips	Diet effective now, Starting S NPO: Except meds,Except Ice chips Pre-Operative fasting options: Except ordered medications on admission, then ice chips for 4 hours. In morning give clear liquids. Advance as tolerated to regular diet.Except ordered medications on admission, then ice chips for 4 hours. In morning give clear liquids. Advance as tolerated to regular diet., Post-op
[] NPO - Except ice chips	Diet effective now, Starting S NPO: Except Ice chips Pre-Operative fasting options: Post-op
[X] Diet - Clear liquids advance to lowfat	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Lowfat Advance target diet criteria: Lowfat diet for lunch if tolerating clears for breakfast POD 1 IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
IV Fluids	
IV Fluids	
[] dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	125 mL/hr, intravenous, continuous, Post-op
Medications	
Mild Pain (Pain Score 1-3)	
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
Moderate Pain (Pain Score 4-6) (Single Response)	
() acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op 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 (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op

[] morPHINE injection	2 mg, intravenous, every 2 hour PRN, severe pain (score
[] HYDROcodone-acetaminophen (NORCO) 5-325 tablet	7-10), Post-op mg per 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op
Antiemetics - HMH, HMSJ, HMW, HMSTC Only	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Rec	uired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset caction is required.
[X] promethazine (PHENERGAN) IV or Oral or Recta	
[X] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerat oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiemetics - HMSL, HMWB Only	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Red	
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset caction is required.
[X] promethazine (PHENERGAN) IV or Oral or Recta	
[X] promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU &
	Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerat oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiemetics - HMSTJ Only	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Rec	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IVPB or Oral or Re	ctal "Or" Linked Panel
[X] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
DVI	tolerate oral or rectal medication OR if a faster onset of action is required 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op
[X] promethazine (PHENERGAN) tablet	Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerat oral medication.

docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily, Post-op
bisacodyl (DULCOLAX) EC tablet	10 mg, oral, nightly, Post-op
ching (Single Response)	
) cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
somnia: For Patients GREATER than 70 years o	old (Single Response)
ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
somnia: For Patients LESS than 70 years old (S	Single Response)
zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
TE	
VT Risk and Prophylaxis Tool (Single Response	, ,
VTE/DVT Risk Definitions	URL:
	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL:
	"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
Patient currently has an active order for therapeu	utic
anticoagulant or VTE prophylaxis with Risk Strati	
(Single Response) (Selection Required)	
() Moderate Risk - Patient currently has an active	
therapeutic anticoagulant or VTE prophylaxis (Required)	(Selection
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication. Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single	•
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression	PACU & Post-op Routine, Continuous, PACU & Post-op
device continuous () Moderate Risk - Patient currently has an active	o order for
therapeutic anticoagulant or VTE prophylaxis	
Required)	D. C. DAOLLO D. C.
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
 Patient currently has an active order for therapeutic anticoagulant or VTE 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
propriyitaxio	Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single	<u> </u>
	Routine, Once
() Contraindications exist for mechanical	·
	No mechanical VTE prophylaxis due to the following
() Contraindications exist for mechanical	·

() High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis	
Required)	
[] High risk of VTE[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[1] Disconscionation device (Circle	PACU & Post-op
Place sequential compression device (Single Ontraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] 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: PACU & Post-op
[] Place sequential compression device (Single	Response)
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk fa	
[] Low Risk (Single Response) (Selection Require () Low risk of VTE	red) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
() MODERATE Risk of DVT - Surgical (Selection R	equired)
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op

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

() Place/Maintain sequential compression Routine, Continuous, PACU & Post-op device 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

[1] Moderate Diek (Colection Deguired)	
[] Moderate Risk (Selection Required) [] Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)	
Contraindications exist for pharmacologic prop Order Sequential compression device	ohylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
Contraindications exist for pharmacologic prop AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	·
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op 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, PACU & Post-op 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, PACU & Post-op 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, PACU & Post-op
()	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT), do NOT order this
	medication. Contraindicated in patients LESS than 50kg, prior to
	surgery/invasive procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	This patient has a history of or suspected case of Heparin-induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (S	Selection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
HIGH Risk of DVT - Surgical (Selection Require	ed)

() 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, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	gical Patient
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin for VTE Prophylaxis (Single Resp	ponse)
() enoxaparin (LOVENOX) 30 mg daily at 1700	30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) 30 mg every 12 hours	30 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) 40 mg daily at 1700	40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) 40 mg every 12 hours	40 mg, subcutaneous, every 12 hours 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) (Se Required)	election
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
\ HIGH Pick of D\/T - Non-Surgical (Solection Page	uired)

() 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

Routine, Once, PACU & Post-op regical Routine, Once No pharmacologic VTE prophylaxis due to the following
Routine, Once No pharmacologic VTE prophylaxis due to the following
No pharmacologic VTE prophylaxis due to the following
No pharmacologic VTE prophylaxis due to the following
contraindication(s):
PACU & Post-op
onse)
40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis
30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op
For Patients with CrCL LESS than 30 mL/min
Indication(s): VTE Prophylaxis
30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op
For Patients weight between 100-139 kg and CrCl GREATER than 30
mL/min
Indication(s): VTE Prophylaxis
40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op
For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
Indication(s): VTE Prophylaxis
2.5 mg, subcutaneous, daily, PACU & Post-op
If the patient does not have a history of or suspected case of
Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
Contraindicated in patients LESS than 50kg, prior to surgery/invasive
procedure, or CrCl LESS than 30 mL/min.
This patient has a history of or suspected case of Heparin-Induced
Thrombocytopenia (HIT):
5,000 Units, subcutaneous, every 8 hours, PACU & Post-op

() 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, PACU & Post-op 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, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	

Required)

High Risk Definition

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)	D. C. O. DAGUAD C
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip (
(Arthroplasty) Surgical Patient (Single Respon (Selection Required)	se)
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
propriyitaxio	contraindication(s):
	PACU & Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection I	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op
	Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
, , , , , , , , , , , , , , , , , , , ,	Starting S+1, PACU & Post-op
	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op
Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min.
() (, 0) (5) (0) (, 5)	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	Starting S+1, PACU & Post-op For Potients weight between 100 120 kg and CrCl CREATER than 20
CICI GREATER than 30 mL/min	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, PACU & Post-op 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, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS 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, PACU & Post-op 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), PACU & Post-op 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, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ction
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:
	"https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratifica (Single Response) (Selection Required)	
() Moderate Risk - Patient currently has an active o therapeutic anticoagulant or VTE prophylaxis (Se Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
 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.

() Contraindigations eviat for machanical	Pouting Once
 () Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
 () Place/Maintain sequential compression device continuous 	Routine, Continuous, PACU & Post-op
() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required)	
Moderate risk of VTE	Routine, Once, PACU & Post-op
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis (Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
 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.
p. op. ny. om. o	Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis (
Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fa	ctors
Low Risk (Single Response) (Selection Require)	red)
, , , , , , , , , , , , , , , , , ,	,

() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	early ambulation
	PACU & Post-op
() MODEDATE DI L. (D) (T. O	

() 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, PACU & Post-op
 Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required 	Surgical)
() Contraindications exist for pharmacologic pro BUT order Sequential compression device	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op 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, PACU & Post-op 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, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS 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, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
MODERATE Risk of DVT - Non-Surgical (Selectic Required)	חמ

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 of VTE	Routine, Once, PACU & Post-op
Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)	tion
 Contraindications exist for pharmacologic prop Order Sequential compression device 	hylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	
(Selection Required)	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1,
CrCl GREATER than 30 mL/min	PACU & Post-op
	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, PACU & Post-op 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, PACU & Post-op
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT), do NOT order this
	medication. Contraindicated in patients LESS than 50kg, prior to
	surgery/invasive procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
HIGH Risk of DVT - Surgical (Selection Required)	1
High Dist Definition	l .

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 Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)	cal Patient
Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin for VTE Prophylaxis (Single Resp	· · · · · · · · · · · · · · · · · · ·
() enoxaparin (LOVENOX) 30 mg daily at	30 mg, subcutaneous, daily at 1700
1700	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) 30 mg every 12	30 mg, subcutaneous, every 12 hours
hours	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) 40 mg daily at 1700	40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) 40 mg every 12 hours	40 mg, subcutaneous, every 12 hours 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	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) (Se Required)	election
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
() HIGH Risk of DVT - Non-Surgical (Selection Required Parks of DVT - Non-Surgical (Selection Parks	uired)
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-	

Routine, Once

contraindication(s): PACU & Post-op

No pharmacologic VTE prophylaxis due to the following

Routine, Once, PACU & Post-op

prophylaxis

Patient (Single Response) (Selection Required)

() Contraindications exist for pharmacologic

High risk of VTE

() enoxaparin (LOVENOX) injection (Single (Selection Required)	ivesponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/mi	n 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AN CrCl GREATER than 30 mL/min	· · · · · · · · · · · · · · · · · · ·
() patients weight 140 kg or GREATER AN CrCl GREATER than 30 mL/min	
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicati 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
() hangein (narring) injection	Thrombocytopenia (HIT):
 () heparin (porcine) injection () heparin (porcine) injection (Recommende for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	
HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
 Mechanical Prophylaxis (Single Response) Required)) (Selection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
HIGH Risk of DVT - Surgical (Hip/Knee) (Sele Required)	ection
High Risk Definition Both pharmacologic AND mechanical prophyl One or more of the following medical conditio	ons: variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required)	De Care DAOHA Bert
 High risk of VTE High Risk Pharmacological Prophylaxis - H (Arthroplasty) Surgical Patient (Single Res (Selection Required) 	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACIL& Post-on

PACU & Post-op

() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection Re	· /
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Responsible (Selection Required)	onse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op 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, PACU & Post-op 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, PACU & Post-op 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	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op
GREATER and CrCI GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	mL/min
	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS 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, PACU & Post-op
() Rivaroxaban and Pharmacy Consult (Selection	For patients with weight GREATER than 100 kg.
Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indications: VTE prophylaxis
() Warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

Laboratory Timed	
<u> </u>	OTATE 40 BAOLLO B
Hemoglobin and hematocrit	STAT For 1 Occurrences, PACU & Post-op
Basic metabolic panel	STAT For 1 Occurrences, PACU & Post-op
[] Hemoglobin and hematocrit	STAT For 1 Occurrences SPECIMEN TO BE DRAWN 4 HOURS POST-OP
	Please retain label for specimen.
	Note to PACU nurse: If patient is transferred prior to time of
	specimen collection, send label with patient and notify nurse
	on receiving unit of need for lab and to use the label sent with
	patient
	PACU & Post-op
Laboratory POD 1	
[X] Basic metabolic panel	AM draw For 1 Occurrences, Post-op
[X] CBC with platelet and differential	AM draw For 1 Occurrences, Post-op
Laboratory POD 2	
[X] Basic metabolic panel	AM draw, Starting S+2 at 4:00 AM For 1 Occurrences, Post-op
[] CBC with platelet and differential	AM draw, Starting S+2 at 4:00 AM For 1 Occurrences, Post-op
[] Hemoglobin and hematocrit	AM draw, Starting S+2 at 4:00 AM For 1 Occurrences, Post-op
Imaging	
Diagnostic X-Ray Stat	
[] Chest 1 Vw Portable	STAT, 1 time imaging, Starting S at 1:00 AM For 1
	Occurrences, Post-op
Respiratory	
Respiratory Therapy	
[X] Incentive spirometry	Routine, Every hour For 10 Occurrences, Post-op