### General

**Common Present on Admission Diagnosis** 

[] Acidosis	Post-op
[] Acute Post-Hemorrhagic Anemia	Post-op
[] Acute Renal Failure	Post-op
[] Acute Respiratory Failure	Post-op
[] Acute Thromboembolism of Deep Veins of Lower	Post-op
Extremities	
[] 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
I 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	Post-op
Mention of Complication, Not Stated as Uncontrolled	103(0)
[] Urinary Tract Infection, Site Not Specified	Post-op
Elective Outpatient, Observation, or Admission (Single F	Response)
() Elective outpatient procedure: Discharge following	Routine, Continuous, PACU & Post-op
routine recovery	· · · · · · · · · · · · · · · · · · ·
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
	PACU & Post-op
() Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
	PACU & Post-op
() Admit to inpatient	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
	PACU & Post-op
Admission or Observation (Single Personse)	

Admission or Observation (Single Response)

() Admit to Inpatient	Admitting Physician: Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
	PACU & Post-op
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
	PACU & Post-op
() Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
	PACU & Post-op
) Transfer patient	Level of Care:
	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
Fransfer (Single Response) Patient has active inpatient status order on file	
Patient has active inpatient status order on file	Level of Care:
Patient has active inpatient status order on file	Level of Care:
Patient has active inpatient status order on file	Bed request comments:
Patient has active inpatient status order on file ) Transfer patient	Bed request comments: Scheduling/ADT
Patient has active inpatient status order on file () Transfer patient () Return to previous bed	Bed request comments:
<ul> <li>() Transfer patient</li> <li>() Return to previous bed</li> <li>Precautions</li> </ul>	Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT
Patient has active inpatient status order on file () Transfer patient () Return to previous bed	Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Precaution: Hip
Patient has active inpatient status order on file <ol> <li>Transfer patient</li> <li>Return to previous bed</li> </ol> Precautions	Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT
Patient has active inpatient status order on file <ol> <li>Transfer patient</li> <li>Return to previous bed</li> </ol> Precautions	Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Precaution: Hip
Patient has active inpatient status order on file          ()       Transfer patient         ()       Return to previous bed         Precautions	Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Precaution: Hip No bedpan, Post-op Precaution: Hip
<ul> <li>Patient has active inpatient status order on file</li> <li>) Transfer patient</li> <li>) Return to previous bed</li> <li>Precautions</li> <li>] Anterior Hip precautions: Total hip Arthroplasty</li> </ul>	Bed request comments:         Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Precaution: Hip         No bedpan, Post-op         Precaution: Hip         No flexion greater than 90 degrees. No internal rotation and
<ul> <li>Patient has active inpatient status order on file</li> <li>) Transfer patient</li> <li>) Return to previous bed</li> <li>Precautions</li> <li>] Anterior Hip precautions: Total hip Arthroplasty</li> </ul>	Bed request comments:         Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Precaution: Hip         No bedpan, Post-op         Precaution: Hip         No flexion greater than 90 degrees. No internal rotation and no adduction. Pillow beteen knees at all times, Post-op.,
<ul> <li>Patient has active inpatient status order on file</li> <li>Transfer patient</li> <li>Return to previous bed</li> <li>Precautions</li> <li>Anterior Hip precautions: Total hip Arthroplasty</li> <li>Posterior Hip precautions: Total hip Arthroplasty</li> </ul>	Bed request comments:         Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Precaution: Hip         No bedpan, Post-op         Precaution: Hip         No flexion greater than 90 degrees. No internal rotation and no adduction. Pillow beteen knees at all times, Post-op., Post-op
<ul> <li>Patient has active inpatient status order on file</li> <li>) Transfer patient</li> <li>) Return to previous bed</li> <li>Precautions</li> <li>] Anterior Hip precautions: Total hip Arthroplasty</li> </ul>	Bed request comments:         Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Precaution: Hip         No bedpan, Post-op         Precaution: Hip         No flexion greater than 90 degrees. No internal rotation and no adduction. Pillow beteen knees at all times, Post-op., Post-op         Precaution: Hip         Precaution: Pillow beteen knees at all times, Post-op., Post-op         Precaution: Hip
<ul> <li>Patient has active inpatient status order on file</li> <li>) Transfer patient</li> <li>) Return to previous bed</li> <li>Precautions</li> <li>] Anterior Hip precautions: Total hip Arthroplasty</li> <li>] Posterior Hip precautions: Total hip Arthroplasty</li> </ul>	Bed request comments:         Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Precaution: Hip         No bedpan, Post-op         Precaution: Hip         No flexion greater than 90 degrees. No internal rotation and no adduction. Pillow beteen knees at all times, Post-op., Post-op         Precaution: Hip         No passive or active adduction. No active abduction. Post-op
<ul> <li>Patient has active inpatient status order on file</li> <li>Transfer patient</li> <li>Return to previous bed</li> <li>Precautions</li> <li>Anterior Hip precautions: Total hip Arthroplasty</li> <li>Posterior Hip precautions: Total hip Arthroplasty</li> <li>Trochanteric Hip precautions: Total hip arthroplasty</li> </ul>	Bed request comments:         Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Precaution: Hip         No bedpan, Post-op         Precaution: Hip         No flexion greater than 90 degrees. No internal rotation and no adduction. Pillow beteen knees at all times, Post-op., Post-op         Precaution: Hip         No passive or active adduction. No active abduction. Post-op Post-op
<ul> <li>Patient has active inpatient status order on file</li> <li>Transfer patient</li> <li>Return to previous bed</li> <li>Precautions</li> <li>Anterior Hip precautions: Total hip Arthroplasty</li> <li>Posterior Hip precautions: Total hip Arthroplasty</li> <li>Trochanteric Hip precautions: Total hip arthroplasty</li> <li>Aspiration precautions</li> </ul>	Bed request comments:         Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Precaution: Hip         No bedpan, Post-op         Precaution: Hip         No flexion greater than 90 degrees. No internal rotation and no adduction. Pillow beteen knees at all times, Post-op., Post-op         Precaution: Hip         No passive or active adduction. No active abduction. Post-op         Post-op         Post-op
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[] Latex precautions	Post-op
[] Seizure precautions	Increased observation level needed:
	Post-op
Nursing	
Vital Signs	
[] Vital signs - T/P/R/BP (Q15min)	Routine, Every 15 min For 999 Occurrences Times 4, then every 30 minutes times 4, then every hour time 4, then every 4 hours times 24 hours, then every 8 hours if stable., PACU & Post-op
[] Vital signs - T/P/R/BP (Q4 hours)	Routine, Every 4 hours, Post-op
Activity	
[] Up with assistance	Routine, As needed Specify: Up with assistance PACU & Post-op
[] Bed rest	Routine, Until discontinued, Starting S, PACU & Post-op
[] Weight bearing	Routine, Until discontinued, Starting S Weight Bearing Status: Extremity: PACU & Post-op
[] Up in chair	Routine, As needed Specify: Up in chair Additional modifier:
[] Dangle at bedside	For meals as tolerated, PACU & Post-op Routine, Once, PACU & Post-op
[] Ambulate patient	Routine, Every shift Specify: Day of surgery, PACU & Post-op
Nursing Equipment	
[] Obtain supply / device:	Routine, Once Obtain: PACU & Post-op
[] Abduction pillow while in bed	Routine, Once Special Instructions: PACU & Post-op
[] Overhead frame trapeze	Routine, Once Special Instructions: Post-op
[] Commode at bedside	Routine, Once For total hip arthroplasty, Post-op
[] Obtain a hip abduction brace	Routine, Until discontinued, Starting S Set Flexion to *** degrees and Abduction to *** degrees., Post-op
[] Knee immobilizer	Routine, Once Left/Right: Sizes: Gender Size: Special Instructions: when out of bed Post-op
Nursing Assessments	
[] Telemetry	"And" Linked Panel

[] Telemetry monitoring	Routine, Continuous
	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only
	(Telemetry Box) Reason for telemetry:
	Can be off of Telemetry for tests and baths? Yes
	PACU & Post-op
[] Telemetry Additional Setup Information	Routine, Continuous
[]	High Heart Rate (BPM): 120
	Low Heart Rate(BPM): 50
	High PVC's (per minute): 10
	High SBP(mmHg): 175
	Low SBP(mmHg): 100
	High DBP(mmHg): 95
	Low DBP(mmHg): 40
	Low Mean BP: 60
	High Mean BP: 120 Low SPO2(%): 94
	PACU & Post-op
] Peripheral vascular assessment (Q2 hours)	Routine, Every 2 hours For 24 Hours
	times 24 hours then every 4 hours times 24 hours, then every shift until discharge., PACU & Post-op
] Peripheral vascular assessment (Q4 hours)	Routine, Every 4 hours For 24 Hours
	Times 24 hours then every shift until discharge., PACU &
	Post-op
] Peripheral vascular assessment (Q8 hours)	Routine, Every 8 hours
	Until discharge., PACU & Post-op
Nursing Interventions	
X] Intake and output	Routine, Every shift For 48 Hours, Post-op
] Intake and output	Routine, Every 8 hours
1. In each and Malada's Falls	Discontinue when IV/Foley/Drain discontinued., Post-op
] Insert and Maintain Foley	Deutine Ones
[] Insert Foley catheter	Routine, Once
	Type: Size:
	Urinometer needed:
	Post-op
[] Foley Catheter Care	Routine, Until discontinued, Starting S For 48 Hours
	Orders: to gravity
	Post-op
] Remove Foley catheter	Routine, Once, Starting S+1 at 6:00 AM
	Post-op day 1 in AM., Post-op
] Turn cough deep breathe	Routine, Every hour For 999 Occurrences
	While awake, Post-op
] Place antiembolic stockings	Routine, Until discontinued, Starting S
	Change PRN., PACU & Post-op
] Positioning instruction - float heels	Routine, Until discontinued, Starting S
] Positioning instruction - float heels	Routine, Until discontinued, Starting S Position:
] Positioning instruction - float heels	Routine, Until discontinued, Starting S Position: Additional instructions:
	Routine, Until discontinued, Starting S Position: Additional instructions: Float heels, Post-op
<ul><li>Positioning instruction - float heels</li><li>Apply ice pack</li></ul>	Routine, Until discontinued, Starting S Position: Additional instructions: Float heels, Post-op Routine, Until discontinued, Starting S
	Routine, Until discontinued, Starting S Position: Additional instructions: Float heels, Post-op Routine, Until discontinued, Starting S Afftected area:
	Routine, Until discontinued, Starting S Position: Additional instructions: Float heels, Post-op Routine, Until discontinued, Starting S Afftected area: Duration of application:
] Apply ice pack	Routine, Until discontinued, Starting S Position: Additional instructions: Float heels, Post-op Routine, Until discontinued, Starting S Afftected area: Duration of application: To surgical site at most times while in bed., Post-op
	Routine, Until discontinued, Starting S Position: Additional instructions: Float heels, Post-op Routine, Until discontinued, Starting S Afftected area: Duration of application: To surgical site at most times while in bed. , Post-op Routine, Until discontinued, Starting S
] Apply ice pack	Routine, Until discontinued, Starting S Position: Additional instructions: Float heels, Post-op Routine, Until discontinued, Starting S Afftected area: Duration of application: To surgical site at most times while in bed. , Post-op Routine, Until discontinued, Starting S Type of drain: Hemovac
] Apply ice pack	Routine, Until discontinued, Starting S Position: Additional instructions: Float heels, Post-op Routine, Until discontinued, Starting S Afftected area: Duration of application: To surgical site at most times while in bed. , Post-op Routine, Until discontinued, Starting S Type of drain: Hemovac Specify location:
] Apply ice pack	Routine, Until discontinued, Starting S Position: Additional instructions: Float heels, Post-op Routine, Until discontinued, Starting S Afftected area: Duration of application: To surgical site at most times while in bed. , Post-op Routine, Until discontinued, Starting S Type of drain: Hemovac

	Specify location: POD 2, Post-op
[] Wound care orders	Routine, Daily, Starting S+1
	Wound care to be performed by:
	Location:
	Site: Hip(s)
	Irrigate wound?
	Apply: Drossing Type:
	Dressing Type: POD #1 as needed., Post-op
[] Wound care orders	Routine, Daily, Starting S+2
[] Wound care orders	Wound care to be performed by:
	Location:
	Site: Hip(s)
	Irrigate wound?
	Apply:
	Dressing Type:
	POD #2, Post-op
[] Wound care orders	Routine, Once, Starting S+2 For 1 Occurrences
	Wound care to be performed by:
	Location:
	Site: Hip(s)
	Irrigate wound?
	Apply:
	Dressing Type:
	Change Mepilex at 48 hours post-op. Do not remove strips.,
[] Reinforce dressing	Post-op Routine, As needed, Starting S+1
[] Reinforce dressing	Reinforce with:
	POD #1: Nurse may reinforce dressing but do not remove.,
	Post-op
[] Reinforce dressing	Routine, As needed
	Reinforce with:
	Nurse may reinforce dressing but do not remove, PACU
[] Reinforce dressing	Routine, As needed, Starting S+2
	Reinforce with:
	POD #2: Nurse may reinforce dressing but do not remove.,
	Post-op
[] Remove dressing	Routine, Once For 1 Occurrences, Post-op
[] Patient may shower	Routine, Daily, Starting S+2 at 6:00 AM
	Specify:
	Additional modifier:
	Post-op
[] Discontinue IV	Routine, Once
	Upon discharge., Post-op
Diet	
[] Diet - Clear liquids, advance as tolerated to Regular	Diet effective now, Starting S
	Diet(s): Clear Liquids
	Advance Diet as Tolerated? Yes
	Target Diet: Regular
	Advance target diet criteria:
	IDDSI Liquid Consistency: Fluid Restriction:
	Fluid Restriction: Foods to Avoid:
	Please assess bowel sounds between progressions., PACU &
	Post-op

<ul> <li>Diet - Clear liquids, advance as tolerated to Diabetic 1800 Carb Control</li> </ul>	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Diabetic 1800 Carb Control Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction:
	Foods to Avoid:
	Please assess bowel sounds between progressions., PACU &
	Post-op
[] Diet - Clear liquids, advance as tolerated to Heart Healthy	Diet effective now, Starting S Diet(s): Clear Liquids
	Advance Diet as Tolerated? Yes
	Target Diet: Heart Healthy
	Advance target diet criteria:
	IDDSI Liquid Consistency:
	Fluid Restriction: Foods to Avoid:
	Please assess bowel sounds between progressions., PACU &
	Post-op
[] Diet - Clear liquids, advance as tolerated to Renal	Diet effective now, Starting S
(80GM Pro, 2-3GM Na, 2-3GM K)	Diet(s): Clear Liquids
	Advance Diet as Tolerated? Yes
	Target Diet: Renal (80GM Pro, 2-3GM Na, 2-3GM K) Advance target diet criteria:
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Please assess bowel sounds between progressions., PACU & Post-op
Notify	
<ul> <li>[] Notify Consulting physician of patient's location</li> <li>[] Notify Acute Pain Management Service (APMS)</li> </ul>	Routine, Until discontinued, Starting S, Post-op Routine, Until discontinued, Starting S, If inadequate pain control, respiratory rate less than 9, pruritis or nausea, excessive sedation/confusion, any pain/sedation concerns., Post-op
Education	
	Dauting Orga
[] Patient education - Reinforce hip precautions	Routine, Once Patient/Family: Patient
	Education for: Other (specify)
	Specify: Reinforce hip precautions
	Post-op
[] Patient education - discharge instructions	Routine, Once
	Patient/Family: Patient Education for: Discharge
	Plan to discharge to home prior to 11AM. Pain control,
	dressing changes, hip precautions, and constipation., Post-op
IV Fluids	
IV Fluids (Single Response)	
() sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, Post-op
<ul> <li>() sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion</li> </ul>	75 mL/hr, intravenous, continuous, Post-op
() lactated Ringer's infusion	75 mL/hr, intravenous, continuous, Post-op
() dextrose 5 % and sodium chloride 0.45 % with	75 mL/hr, intravenous, continuous, Post-op
potassium chloride 20 mEq/L infusion	· .
() dextrose 5 % and sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, at 100 mL/hr, continuous, Post-op
() sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, Post-op

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bicarbonate 75 mEq/L infusion	
<i>l</i> edications	
/ Antibiotics: For Patients LESS than or EQUAL	to 120 kg
] cefazolin (ANCEF) IV - For Patients LESS than of EQUAL to 120 kg	r 2 g, intravenous, once, For 1 Doses, Post-op For patients LESS than or EQUAL to 120 kg Reason for Therapy: Surgical Prophylaxis
FOR MRSA CONCERN OR SEVERE PENICILLI ALLERGY - vancomycin (VANCOCIN) IV	
/ Antibiotics: For Patients GREATER than 120 kg	3
] cefazolin (ANCEF) IV - For Patients GREATER th kg	Reason for Therapy: Surgical Prophylaxis
] FOR MRSA CONCERN OR SEVERE PENICILLI ALLERGY - vancomycin (VANCOCIN) IV	N 15 mg/kg, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
	ded to check the prescription monitoring program (PMP) database to rized version of the PMP report may be accessed by clicking on the access the full version of the Texas PMP here."
Pain Management Guide	
Opioid PCA Conversion to Oral Opioid Regimen	
Due to risk of accumulation of toxic metabolite, the An alternative opioid should be utilized, if possible.	ent and patient unable to reliably communicate needs.
Due to risk of accumulation of toxic metabolite, the An alternative opioid should be utilized, if possible. Scheduled Pain Medications (Single Response) Consider scheduled option if pain source is prese Do not order both scheduled and PRN NSAIDs/A	ent and patient unable to reliably communicate needs. PAP simultaneously.
Due to risk of accumulation of toxic metabolite, the An alternative opioid should be utilized, if possible.           Scheduled Pain Medications (Single Response)           Consider scheduled option if pain source is prese           Do not order both scheduled and PRN NSAIDs/A           () acetaminophen (TYLENOL) 500 mg tablet or line	ent and patient unable to reliably communicate needs. PAP simultaneously.
Due to risk of accumulation of toxic metabolite, the An alternative opioid should be utilized, if possible.	ent and patient unable to reliably communicate needs. PAP simultaneously.
Due to risk of accumulation of toxic metabolite, the An alternative opioid should be utilized, if possible.           Scheduled Pain Medications (Single Response)           Consider scheduled option if pain source is prese           Do not order both scheduled and PRN NSAIDs/A           () acetaminophen (TYLENOL) 500 mg tablet or line           [] acetaminophen (TYLENOL) tablet	ent and patient unable to reliably communicate needs. PAP simultaneously. iquid <b>"Or" Linked Panel</b> 500 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 500 mg, oral, every 6 hours scheduled
Due to risk of accumulation of toxic metabolite, the An alternative opioid should be utilized, if possible.           Scheduled Pain Medications (Single Response)           Consider scheduled option if pain source is prese           Do not order both scheduled and PRN NSAIDs/A           () acetaminophen (TYLENOL) 500 mg tablet or lii           [] acetaminophen (TYLENOL) tablet           [] acetaminophen (TYLENOL) liquid           () acetaminophen (TYLENOL) 500 mg tablet or lii	ent and patient unable to reliably communicate needs. PAP simultaneously. iquid <b>"Or" Linked Panel</b> 500 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 500 mg, oral, every 6 hours scheduled iquid <b>"Or" Linked Panel</b>
Due to risk of accumulation of toxic metabolite, the An alternative opioid should be utilized, if possible.           Scheduled Pain Medications (Single Response)           Consider scheduled option if pain source is prese           Do not order both scheduled and PRN NSAIDs/A           () acetaminophen (TYLENOL) 500 mg tablet or line           [] acetaminophen (TYLENOL) tablet	ent and patient unable to reliably communicate needs. PAP simultaneously. iquid <b>"Or" Linked Panel</b> 500 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 500 mg, oral, every 6 hours scheduled iquid <b>"Or" Linked Panel</b> 650 mg, oral, every 6 hours scheduled
Due to risk of accumulation of toxic metabolite, the An alternative opioid should be utilized, if possible.           Scheduled Pain Medications (Single Response)           Consider scheduled option if pain source is prese           Do not order both scheduled and PRN NSAIDs/A           () acetaminophen (TYLENOL) 500 mg tablet or line           [] acetaminophen (TYLENOL) tablet           [] acetaminophen (TYLENOL) liquid           () acetaminophen (TYLENOL) tablet	ent and patient unable to reliably communicate needs. PAP simultaneously. iquid <b>"Or" Linked Panel</b> 500 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 500 mg, oral, every 6 hours scheduled iquid <b>"Or" Linked Panel</b> 650 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet.
Due to risk of accumulation of toxic metabolite, the An alternative opioid should be utilized, if possible.           Scheduled Pain Medications (Single Response)           Consider scheduled option if pain source is prese           Do not order both scheduled and PRN NSAIDs/A           () acetaminophen (TYLENOL) 500 mg tablet or lii           [] acetaminophen (TYLENOL) tablet           [] acetaminophen (TYLENOL) liquid           () acetaminophen (TYLENOL) be tablet           [] acetaminophen (TYLENOL) liquid           () NSAIDS: For Patients LESS than 65 years old	ent and patient unable to reliably communicate needs. PAP simultaneously. iquid <b>"Or" Linked Panel</b> 500 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 500 mg, oral, every 6 hours scheduled iquid <b>"Or" Linked Panel</b> 650 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 650 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 650 mg, oral, every 6 hours scheduled
Due to risk of accumulation of toxic metabolite, the An alternative opioid should be utilized, if possible.         Scheduled Pain Medications (Single Response)         Consider scheduled option if pain source is prese         Do not order both scheduled and PRN NSAIDs/A         () acetaminophen (TYLENOL) 500 mg tablet or line         [] acetaminophen (TYLENOL) tablet         [] acetaminophen (TYLENOL) liquid         () acetaminophen (TYLENOL) be to magnetic to the tablet of	ent and patient unable to reliably communicate needs. PAP simultaneously. iquid <b>"Or" Linked Panel</b> 500 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 500 mg, oral, every 6 hours scheduled iquid <b>"Or" Linked Panel</b> 650 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 650 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 650 mg, oral, every 6 hours scheduled (Single
Due to risk of accumulation of toxic metabolite, the An alternative opioid should be utilized, if possible.           Scheduled Pain Medications (Single Response)           Consider scheduled option if pain source is prese           Do not order both scheduled and PRN NSAIDs/A           () acetaminophen (TYLENOL) 500 mg tablet or lie           [] acetaminophen (TYLENOL) tablet           [] acetaminophen (TYLENOL) liquid           () acetaminophen (TYLENOL) biquid           () acetaminophen (TYLENOL) liquid           () acetaminophen (TYLENOL) liquid           () acetaminophen (TYLENOL) liquid           () NSAIDS: For Patients LESS than 65 years old Response)           () ibuprofen (ADVIL, MOTRIN) tablet or oral sus	ent and patient unable to reliably communicate needs. PAP simultaneously. iquid <b>"Or" Linked Panel</b> 500 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 500 mg, oral, every 6 hours scheduled iquid <b>"Or" Linked Panel</b> 650 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 650 mg, oral, every 6 hours scheduled (Single spension <b>"Or" Linked Panel</b>
Due to risk of accumulation of toxic metabolite, the An alternative opioid should be utilized, if possible.         Scheduled Pain Medications (Single Response)         Consider scheduled option if pain source is prese         Do not order both scheduled and PRN NSAIDs/A         () acetaminophen (TYLENOL) 500 mg tablet or line         [] acetaminophen (TYLENOL) tablet         [] acetaminophen (TYLENOL) liquid         () acetaminophen (TYLENOL) be to magnetic to the tablet of	ent and patient unable to reliably communicate needs. PAP simultaneously. iquid <b>"Or" Linked Panel</b> 500 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 500 mg, oral, every 6 hours scheduled iquid <b>"Or" Linked Panel</b> 650 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 650 mg, oral, every 6 hours scheduled (Single spension <b>"Or" Linked Panel</b> 600 mg, oral, every 6 hours scheduled Not recommended for patients with eGFR LESS than 30 mL/min or
Due to risk of accumulation of toxic metabolite, the An alternative opioid should be utilized, if possible.           Scheduled Pain Medications (Single Response)           Consider scheduled option if pain source is prese           Do not order both scheduled and PRN NSAIDs/A           () acetaminophen (TYLENOL) 500 mg tablet or lie           [] acetaminophen (TYLENOL) tablet           [] acetaminophen (TYLENOL) liquid           () acetaminophen (TYLENOL) biquid           () acetaminophen (TYLENOL) liquid           () acetaminophen (TYLENOL) liquid           () acetaminophen (TYLENOL) liquid           () NSAIDS: For Patients LESS than 65 years old Response)           () ibuprofen (ADVIL, MOTRIN) tablet or oral sus	ent and patient unable to reliably communicate needs. PAP simultaneously. iquid <b>"Or" Linked Panel</b> 500 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 500 mg, oral, every 6 hours scheduled iquid <b>"Or" Linked Panel</b> 650 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 650 mg, oral, every 6 hours scheduled (Single spension <b>"Or" Linked Panel</b> 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 600 mg, oral, every 6 hours scheduled
Due to risk of accumulation of toxic metabolite, the An alternative opioid should be utilized, if possible.           Scheduled Pain Medications (Single Response)           Consider scheduled option if pain source is prese           Do not order both scheduled and PRN NSAIDs/A           () acetaminophen (TYLENOL) 500 mg tablet or line           [] acetaminophen (TYLENOL) tablet           [] acetaminophen (TYLENOL) liquid           () acetaminophen (TYLENOL) biguid           [] acetaminophen (TYLENOL) liquid           () acetaminophen (TYLENOL) liquid           () acetaminophen (TYLENOL) biguid           () acetaminophen (TYLENOL) liquid           () acetaminophen (TYLENOL) liquid           () nsclass For Patients LESS than 65 years old Response)           () ibuprofen (ADVIL, MOTRIN) tablet or oral sus           [] ibuprofen (ADVIL, MOTRIN) tablet	ent and patient unable to reliably communicate needs. PAP simultaneously. iquid <b>"Or" Linked Panel</b> 500 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 500 mg, oral, every 6 hours scheduled iquid <b>"Or" Linked Panel</b> 650 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 650 mg, oral, every 6 hours scheduled (Single spension <b>"Or" Linked Panel</b> 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 medicatior 600 mg, oral, every 6 hours scheduled Not recommended for patients with eGFR LESS than 30 mL/min or
Due to risk of accumulation of toxic metabolite, the An alternative opioid should be utilized, if possible.           Scheduled Pain Medications (Single Response)           Consider scheduled option if pain source is prese           Do not order both scheduled and PRN NSAIDs/A           () acetaminophen (TYLENOL) 500 mg tablet or lie           [] acetaminophen (TYLENOL) tablet           [] acetaminophen (TYLENOL) liquid           () acetaminophen (TYLENOL) biguid           () acetaminophen (TYLENOL) liquid           () acetaminophen (TYLENOL) biguid           () acetaminophen (TYLENOL) liquid           () acetaminophen (TYLENOL) biguid           () acetaminophen (TYLENOL) liquid           () nscataminophen (TYLENOL) liquid           () NSAIDS: For Patients LESS than 65 years old Response)           () ibuprofen (ADVIL, MOTRIN) tablet or oral sus           [] ibuprofen (ADVIL, MOTRIN) tablet	ent and patient unable to reliably communicate needs. PAP simultaneously. iquid <b>"Or" Linked Panel</b> 500 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 500 mg, oral, every 6 hours scheduled iquid <b>"Or" Linked Panel</b> 650 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet. 650 mg, oral, every 6 hours scheduled (Single spension <b>"Or" Linked Panel</b> 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 medicatior 600 mg, oral, every 6 hours scheduled Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.

[] i	uprofen (ADVIL, MOTRIN) tablet or oral sus ibuprofen (ADVIL, MOTRIN) tablet ibuprofen (MOTRIN) 100 mg/5 mL suspension	<ul> <li>spension "Or" Linked Panel</li> <li>600 mg, oral, every 6 hours scheduled, Post-op</li> <li>Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.</li> </ul>
[] i	ibuprofen (MOTRIN) 100 mg/5 mL	Not recommended for patients with eGFR LESS than 30 mL/min or
() na	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.
() na		Use if patient cannot swallow tablet.
	aproxen (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.
() Ce	elecoxib (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/mir or acute kidney injury.
	etorolac (TORADOL) injection	15 mg, intravenous, every 6 hours scheduled, Post-op
	Pain Medications	ent and patient unable to reliably communicate needs. Monitor closely for
simuli order	taneously. Order ONLY one short acting PC ed simultaneously.	age. Do not order both scheduled and PRN NSAIDs/APAP and short acting IV simultaneously. Oral option and IV options to be
	N Oral Medications for Mild Pain (Pain Scon r Patients LESS than 65 years old (Single R	
	not order both scheduled and PRN NSAIDs	
	cetaminophen (TYLENOL) tablet OR oral su R rectal suppository	Ispension "Or" Linked Panel
	laximum of 4 grams of acetaminophen per c ources)	lay from all sources. (Cirrhosis patients maximum: 2 grams per day from
	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.
() ib	uprofen (ADVIL, MOTRIN) tablet or oral sus	spension "Or" Linked Panel
[] i	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.
() na	aproxen (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.
() Ce	elecoxib (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.
() ke	etorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3) Give if patient unable to swallow tablet.
Fo	N Oral Medications for Mild Pain (Pain Scor r Patients GREATER than or EQUAL to 65 y ngle Response)	re 1-3):
Co res sim	nsider scheduled option if pain source is pre ponse. Adjust dose for renal/liver function a	esent and patient unable to reliably communicate needs. Monitor closely f nd age. Do not order both scheduled and PRN NSAIDs/APAP PO and short acting IV simultaneously. Oral option and IV options to be

[] 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 3 4-6): For Patients LESS than 65 years old (Sing Response)	Score
) acetaminophen-codeine (TYLENOL #3) tablet	OR elixir "Or" Linked Panel
<ul> <li>acetaminophen-codeine (TYLENOL #3) tablet</li> <li>acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet</li> </ul>	<ul> <li>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.</li> <li>(Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.</li> <li>The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age?</li> </ul>
<ul> <li>acetaminophen-codeine 300 mg-30 mg /12.5 mL solution</li> </ul>	Y/N: 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 OR elixir	O) tablet "Or" Linked Panel
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
<ul> <li>[] HYDROcodone-acetaminophen (NORCO)</li> <li>5-325 mg per tablet</li> </ul>	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
<ul> <li>[] HYDROcodone-acetaminophen (HYCET)</li> <li>2.5-108.3 mg/5 mL solution</li> </ul>	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 3 4-6): For Patients GREATER than or EQUAL to 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 it 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	<ul> <li>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.</li> <li>(Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.</li> <li>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:</li> </ul>
) HYDROcodone-acetaminophen 5/325 (NORCO	

<ul> <li>[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet</li> </ul>	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
<ul> <li>[] HYDROcodone-acetaminophen (HYCET)</li> <li>2.5-108.3 mg/5 mL solution</li> </ul>	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.
<ol> <li>PRN IV Medications for Moderate Pain (Pain S For Patients LESS than 65 years old if unable t Oral Pain Medication. (Single Response)</li> </ol>	Score 4-6):
Due to risk of toxicity, the use of morphine proc recommended. An alternative opioid should be	ducts in patients with renal dysfunction, particularly in ESRD, is not 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 WARNING: Use is contraindicated for treatme (CABG) surgery.	n 30 mL/min. ent of perioperative pain OR in the setting of coronary artery bypass graft
() 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
<ol> <li>PRN IV Medications for Moderate Pain (Pain S For Patients GREATER than or EQUAL to 65 y unable to tolerate Oral Pain Medication. (Single Response)</li> </ol>	core 4-6): /ears old if
Due to risk of toxicity, the use of morphine proc	ducts in patients with renal dysfunction, particularly in ESRD, is not 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
<ol> <li>PRN Oral Medications for Severe Pain (Pain S 7-10): For Patients LESS than 65 years old (Sin Response)</li> </ol>	core
Due to risk of toxicity, the use of morphine proc recommended. An alternative opioid should be	ducts in patients with renal dysfunction, particularly in ESRD, is not utilized.
() HYDROcodone-acetaminophen 10/325 (NOR OR elixir	RCO) tablet "Or" Linked Panel
	lay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
<ul> <li>[] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet</li> </ul>	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 S 7-10): For Patients GREATER than or EQUAL years old (Single Response)	to 65
Due to risk of toxicity, the use of morphine pro recommended. An alternative opioid should be	ducts in patients with renal dysfunction, particularly in ESRD, is not e 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.
<ul> <li>HYDROcodone-acetaminophen 7.5/325 (NO OR elixir</li> </ul>	RCO) tablet "Or" Linked Panel
	day from all sources. (Cirrhosis patients maximum: 2 grams per day from all
<ul> <li>[] HYDROcodone-acetaminophen (NORCO)</li> <li>7.5-325 mg per tablet</li> </ul>	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 (NOF OR elixir	
Maximum of 4 grams of acetaminophen per o sources)	day from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, 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 Patients LESS than 65 years old if unable Oral Pain Medication. (Single Response)	
Due to risk of toxicity, the use of morphine pro recommended. An alternative opioid should be	ducts in patients with renal dysfunction, particularly in ESRD, is not e 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.

For Patients GREATER than or EQUAL to 6 unable to tolerate Oral Pain Medication. (Sir 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.
A Medications - Not HMSJ (Single Response	3)
fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 ml Nursing PCA Orders	_ +
] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 Response)	mL (Single
<ul> <li>() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA solution for Opioid Naive</li> </ul>	Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout: 10 Minutes Four Hour Dose Limit: 150 mcg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mcg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
	Adjust doses for age, renal function or other factors.
] Nursing PCA Orders	
[] Vital signs - T/P/R/BP	<ul> <li>Routine, Per unit protocol</li> <li>Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then</li> <li>Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then</li> <li>Every 4 hours until PCA therapy is discontinued.</li> <li>Immediately following PCA administration tubing change</li> </ul>
[] PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data the following must be documented: doses delivered, number of attempt total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button.
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider score 3 or 4.

1 Notify Physician	Politing Until discontinued Starting S. DCA sums influsion
[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason
	- Inadequate analgesia
	- Prior to administration of any other narcotics, antiemetics, or
	sedatives other than those ordered by the prescriber responsible for IV
	PCA therapy
	- PCA pump discontinued by any service other than the prescriber
	responsible for IV PCA therapy
[] Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute
physician and/or CERT team for any of the	orless
following:	- Severe and/or recent confusion or disorientation
	- POSS sedation level 4: Somnolent and difficult to arouse
	<ul> <li>Sustained hypotension (SBP less than 90)</li> <li>Excessive nausea or vomiting</li> </ul>
	- Urinary retention
[] IV Fluids for provision of PCA Therapy (Single	officially recention
Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
) hydromorPHONE PCA (DILAUDID) 15 mg/30 mL	
Nursing PCA Orders	
[] hydromorPHONE PCA (DILAUDID) 15 mg/30 r	nL (Single
Response)	
() hydromorPHONE (DILAUDID) 15 mg/30 mL	Nurse Loading Dose: Not Ordered PCA Dose: 0.2
in sodium chloride 0.9% PCA for Opioid	mg Lockout: 10 Minutes MAX (Four hour dose limit): 3 mg
Naive	intravenous, continuous
	For breakthrough pain: Administer only if respiratory rate 12 per minute
	or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg
	ONCE. If more than 2 bolus doses in 12 hours or if pain persists after
	increase in demand dose, call ordering prescriber.
	Adjust doses for age, renal function or other factors.
[] Nursing PCA Orders	Aujust doses for age, renar function of other factors.
[] Vital signs - T/P/R/BP	Routine, Per unit protocol
	- Initially and every 30 minutes for 1 hour after PCA started, bolus
	administration or dose change; then
	<ul> <li>Every hour x 2 starting second hour after PCA started, bolus</li> </ul>
	administered or dose change; then
	- Every 4 hours until PCA therapy is discontinued.
	- Immediately following PCA administration tubing change
[] PCA Documentation	Routine, Every 12 hours
	At the beginning (or end of each shift), prior to clearing PCA pump data,
	the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume
	remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences
	Patient/Family:
	Education for: Pain pump
	Provide patient education on appropriate use of PCA including no PCA
	by proxy. Only the patient may press the dosing button.
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S
	Assess POSS while patient has an active PCA order. Contact provider if
	score 3 or 4.
[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion
	discontinued for any reason
	- Inadequate analgesia
	- Prior to administration of any other narcotics, antiemetics, or
	sedatives other than those ordered by the prescriber responsible for IV PCA therapy
	<ul> <li>PCA pump discontinued by any service other than the prescriber</li> </ul>
	responsible for IV PCA therapy
	1 17

<ul> <li>Stop the PCA pump and call ordering physician and/or CERT team for any of the</li> </ul>	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less
following:	<ul> <li>Severe and/or recent confusion or disorientation</li> </ul>
	- POSS sedation level 4: Somnolent and difficult to arouse
	- Sustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting
	- Urinary retention
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
_morPHINE PCA 30 mg/30 mL + Nursing PCA Ord	ers
[] morPHINE PCA 30 mg/30 mL (Single Response	e)
() morPHINE PCA 30 mg/30 mL in sodium	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout
chloride 0.9% for Opioid Naive	Interval: 10 Minutes MAX (Four hour dose limit): 20 mg
	intravenous, continuous
	For breakthrough pain: Administer only if respiratory rate 12 per minute
	or more and POSS level of 2 or less. RN may bolus *** every *** hours
	as needed. If pain persists, may increase PCA demand dose by *** mg
	ONCE. If more than 2 bolus doses in 12 hours or if pain persists after
	increase in demand dose, call ordering prescriber.
[] Nursing DCA Orders	Adjust doses for age, renal function or other factors.
[] Nursing PCA Orders	Douting Dar unit protocol
[] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus
	administration or dose change; then
	- Every hour x 2 starting second hour after PCA started, bolus
	administered or dose change; then
	- Every 4 hours until PCA therapy is discontinued.
	- Immediately following PCA administration tubing change
[] PCA Documentation	Routine, Every 12 hours
[] PCA Documentation	At the beginning (or end of each shift), prior to clearing PCA pump data,
	the following must be documented: doses delivered, number of attempts,
	total amount of medication infused (in mg or mcg), and volume
	remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences
	Patient/Family:
	Education for: Pain pump
	Provide patient education on appropriate use of PCA including no PCA
	by proxy. Only the patient may press the dosing button.
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S
	Assess POSS while patient has an active PCA order. Contact provider if
	score 3 or 4.
[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion
	discontinued for any reason
	- Inadequate analgesia
	<ul> <li>Prior to administration of any other narcotics, antiemetics, or</li> </ul>
	sedatives other than those ordered by the prescriber responsible for IV
	PCA therapy
	<ul> <li>PCA pump discontinued by any service other than the prescriber</li> </ul>
	responsible for IV PCA therapy
[] Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute
physician and/or CERT team for any of the	or less
following:	- Severe and/or recent confusion or disorientation
	- POSS sedation level 4: Somnolent and difficult to arouse
	- Sustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting
[] IV Eluido for provision of DCA Thoropy (Circle	- Urinary retention
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
	· · · · · · · · · · · · · · · · · · ·

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[] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL	(Single
Response) () fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA solution for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout: 10 Minutes Four Hour Dose Limit: 150 mcg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mcg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
	Adjust doses for age, renal function or other factors.
[] Nursing PCA Orders	
[] Vital signs - T/P/R/BP	<ul> <li>Routine, Per unit protocol</li> <li>Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then</li> <li>Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then</li> <li>Every 4 hours until PCA therapy is discontinued.</li> <li>Immediately following PCA administration tubing change</li> </ul>
[] PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data the following must be documented: doses delivered, number of attempts total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button.
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider i score 3 or 4.
[] Notify Physician	<ul> <li>Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason</li> <li>Inadequate analgesia</li> <li>Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy</li> <li>PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy</li> </ul>
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	<ul> <li>Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less</li> <li>Severe and/or recent confusion or disorientation</li> <li>POSS sedation level 4: Somnolent and difficult to arouse</li> <li>Sustained hypotension (SBP less than 90)</li> <li>Excessive nausea or vomiting</li> <li>Urinary retention</li> </ul>
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
hydromorPHONE PCA (DILAUDID) 30 mg/30 mL - Nursing PCA Orders	

() hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% PCA for Opioid	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockou Interval: 10 Minutes MAX (Four hour dose limit): 3 mg intravenous, continuous
Naive	For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours
	as needed. If pain persists, may increase PCA demand dose by *** mg
	ONCE. If more than 2 bolus doses in 12 hours or if pain persists after
	increase in demand dose, call ordering prescriber.
	Adjust doses for age, renal function or other factors.
[] Nursing PCA Orders	Routine, Per unit protocol
	- Initially and every 30 minutes for 1 hour after PCA started, bolus
	administration or dose change; then
	- Every hour x 2 starting second hour after PCA started, bolus
	administered or dose change; then
	<ul> <li>Every 4 hours until PCA therapy is discontinued.</li> <li>Immediately following PCA administration tubing change</li> </ul>
[] PCA Documentation	Routine, Every 12 hours
	At the beginning (or end of each shift), prior to clearing PCA pump data
	the following must be documented: doses delivered, number of attempts
	total amount of medication infused (in mg or mcg), and volume
[] Patient education Pain pump	remaining in syringe (residual volume). Routine, Once, Starting S For 1 Occurrences
	Patient/Family:
	Education for: Pain pump
	Provide patient education on appropriate use of PCA including no PCA
	by proxy. Only the patient may press the dosing button.
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider
	score 3 or 4.
[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion
	discontinued for any reason
	- Inadequate analgesia
	- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV
	PCA therapy
	<ul> <li>PCA pump discontinued by any service other than the prescribe</li> </ul>
	responsible for IV PCA therapy
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less
following:	- Severe and/or recent confusion or disorientation
	- POSS sedation level 4: Somnolent and difficult to arouse
	- Sustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting
[] IV Fluids for provision of PCA Therapy (Single	- Urinary retention
Response) () sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
morPHINE PCA 30 mg/30 mL + Nursing PCA Ord	
[] morPHINE PCA 30 mg/30 mL (Single Respons	
<ul> <li>morPHINE PCA 30 mg/30 mL in sodium chloride 0.9% for Opioid Naive</li> </ul>	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 20 mg
	intravenous, continuous
	For breakthrough pain: Administer only if respiratory rate 12 per minute
	or more and POSS level of 2 or less. RN may bolus *** every *** hours
	as needed. If pain persists, may increase PCA demand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after
	increase in demand dose, call ordering prescriber.
	Adjust doses for age, renal function or other factors.
1 Nursing PCA Orders	

[] Nursing PCA Orders

[] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then
	- Every hour x 2 starting second hour after PCA started, bolus
	administered or dose change; then
	- Every 4 hours until PCA therapy is discontinued.
	- Immediately following PCA administration tubing change
[] PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data,
	the following must be documented: doses delivered, number of attempts,
	total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family:
	Education for: Pain pump
	Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button.
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S
	Assess POSS while patient has an active PCA order. Contact provider if
	score 3 or 4.
[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion
	discontinued for any reason - Inadequate analgesia
	- Prior to administration of any other narcotics, antiemetics, or
	sedatives other than those ordered by the prescriber responsible for IV
	PCA therapy
	- PCA pump discontinued by any service other than the prescriber
[] Stop the PCA pump and call ordering	responsible for IV PCA therapy Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the	or less
following:	- Severe and/or recent confusion or disorientation
	<ul> <li>POSS sedation level 4: Somnolent and difficult to arouse</li> </ul>
	- Sustained hypotension (SBP less than 90)
	<ul> <li>Excessive nausea or vomiting</li> <li>Urinary retention</li> </ul>
[] IV Fluids for provision of PCA Therapy (Single	Onnary recention
Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
Respiratory Depression and Somnolence	
[X] naloxone (NARCAN) injection	0.2 mg, intravenous, once PRN, respiratory depression, as
	needed for respiratory rate 8 per minute or less OR patient
	somnolent and difficult to arouse (POSS GREATER than 3).
	Repeat Naloxone 0.2 mg once in 2 minutes if necessary
	(MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician
	and/or CERT
	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15
	minutes for 3
	times.
Antiemetics - PACU/PostOp	
[] ondansetron (ZOFRAN) IV or Oral (Selection Req	uired) "Or" Linked Panel
[] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, PACU & Post-op Give if patient is able to tolerate oral medication.
[] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, PACU &
	Post-op
	Give if patient is UNable to tolerate oral medication OR if a faster onset of
	action is required.

Antiemetics

[X] ondansetron (ZOFRAN) IV or Oral (Selection Red	quired)	"Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet		al, every 8 hours PRN, nausea, vomiting, PACU atient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	Give if p	travenous, every 8 hours PRN, nausea, vomiting, PACU atient is UNable to tolerate oral medication OR if a faster onset o required.
Laxatives		
[] sennosides-docusate sodium (SENOKOT-S) 8.6- per tablet	-50 mg	2 tablet, oral, nightly PRN, constipation, Post-op
[] magnesium hydroxide suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISE STAGE 3 OR WORSE	EASE	30 mL, oral, every 6 hours PRN, constipation, Post-op Do not give if patient is on hemodialysis or is in chronic renal failure.
[] bisacodyl (DULCOLAX) EC tablet		10 mg, oral, daily PRN, constipation, Post-op
[]         bisacodyl (DULCOLAX) suppository		10 mg, rectal, daily PRN, constipation, Post-op
[] polyethylene glycol (MIRALAX) packet		17 g, oral, daily PRN, constipation, Post-op
[] docusate sodium (COLACE) capsule		100 mg, oral, 2 times daily PRN, constipation, Post-op
Symptom Management		
[] acetaminophen (TYLENOL) tablet		650 mg, oral, every 6 hours PRN, headaches, fever, Temperature greater than 101, Post-op
<ul> <li>benzocaine-menthol (CEPACOL MAX) lozenge 1 mg</li> </ul>	5-3.6	1 lozenge, buccal, PRN, sore throat, Post-op
[] pantoprazole (PROTONIX) EC tablet		40 mg, oral, daily at 0600, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[] ergocalciferol (ERGOCALCIFEROL) capsule		50,000 Units, oral, weekly, Post-op POD #1
[] cholecalciferol (VITAMIN D3) capsule		2,000 Units, oral, daily, Post-op
[] dexamethasone (DECADRON) IV		intravenous, once, Starting S+1, For 1 Doses, Post-op POD #1
[] methocarbamol (ROBAXIN) tablet		500 mg, oral, every 8 hours PRN, muscle spasms, Post-op Muscle relaxants should be minimized in patients over 65 years old.
Itching: For Patients GREATER than 77 years old	(Single R	esponse)
() cetirizine (ZyrTEC) tablet		5 mg, oral, daily PRN, itching, Post-op
Itching: For Patients between 70-76 years old (Sir	igle Resp	onse)
() cetirizine (ZyrTEC) tablet		5 mg, oral, daily PRN, itching, Post-op
Itching: For Patients LESS than 70 years old (Sing	gle Respo	onse)
() diphenhydrAMINE (BENADRYL) tablet		25 mg, oral, every 6 hours PRN, itching, Post-op
() hydrOXYzine (ATARAX) tablet		10 mg, oral, every 6 hours PRN, itching, Post-op
() cetirizine (ZyrTEC) tablet		5 mg, oral, daily PRN, itching, Post-op
<ul> <li>fexofenadine (ALLEGRA) tablet - For eGFR LESS 80 mL/min, reduce frequency to once daily as neg</li> </ul>		60 mg, oral, 2 times daily PRN, itching, Post-op
Insomnia: For Patients LESS than 70 years old (S	ingle Res	ponse)
() zolpidem (AMBIEN) tablet		5 mg, oral, nightly PRN, sleep, Post-op
() ramelteon (ROZEREM) tablet		8 mg, oral, nightly PRN, sleep, Post-op
Insomnia: For Patients GREATER than or EQUAL	to 70 yea	rs old (Single Response)
() ramelteon (ROZEREM) tablet		8 mg, oral, nightly PRN, sleep, Post-op
VTE		
DVT Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions	) (Selection	on Required) URL:
		"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK

Anticoagulation Guide for COVID patients
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Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strat	
(Single Response) (Selection Required)	
) Moderate Risk - Patient currently has an activ therapeutic anticoagulant or VTE prophylaxis	
Required)	
Moderate risk of VTE	Routine, Once, PACU & Post-op
••	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
propriyidadis	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	Routine, Continuous, PACU & Post-op
device continuous	
) Moderate Risk - Patient currently has an activ	e order for
therapeutic anticoagulant or VTE prophylaxis	(Selection
Required)	
[] 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:
[] Place sequential compression device (Single	PACU & Post-op
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyiaxis	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
) High Risk - Patient currently has an active ord	ler for
therapeutic anticoagulant or VTE prophylaxis	(Selection
Required)	
[] High 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:
[] Diogo acquipitial compression device (Oinste	PACU & Post-op
<ul> <li>Place sequential compression device (Single () Contraindications exist for mechanical</li> </ul>	Response) Routine, Once
	No mechanical VTE prophylaxis due to the following
prophylaxis	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) High Risk - Patient currently has an active ord	ler for
therapeutic anticoagulant or VTE prophylaxis	
Required)	

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)
<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<ul> <li>Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous, PACU & Post-op
) LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fac	ctors
[] Low Risk (Single Response) (Selection Require	ed)
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
) MODERATE Risk of DVT - Surgical (Selection Re	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. N contraindicated.	Mechanical prophylaxis is optional unless pharmacologic is
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	ırs
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis -	Surgical
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required</li> <li>() Contraindications exist for pharmacologic pro BUT order Sequential compression device</li> </ul>	Surgical I) phylaxis <b>"And" Linked Panel</b>
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro</li> </ul>	Surgical a) phylaxis <b>"And" Linked Panel</b> Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - 3 Patient (Single Response) (Selection Required</li> <li>() Contraindications exist for pharmacologic pro BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic</li> </ul>	Surgical a) phylaxis <b>"And" Linked Panel</b> Routine, Once No pharmacologic VTE prophylaxis due to the following
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required</li> <li>() Contraindications exist for pharmacologic pro BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression</li> </ul>	Surgical phylaxis <b>"And" Linked Panel</b> Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op phylaxis <b>"And" Linked Panel</b>
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required</li> <li>() Contraindications exist for pharmacologic pro BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic pro</li> </ul>	Surgical phylaxis <b>"And" Linked Panel</b> Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op

(Selection Required) Printed on 9/6/2022 at 2:23 PM from POC environment

()	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 CrCI GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PAC & Post-op For Patients weight between 100-139 kg and CrCI GREATER than 30
		mL/min Indication(s): VTE Prophylaxis
()	patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PAC & 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 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 heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
()	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:
Ē	Mechanical Prophylaxis (Single Response) (Se 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
Re	DERATE Risk of DVT - Non-Surgical (Selectio quired)	n
Pha	derate Risk Definition armacologic prophylaxis must be addressed. M ıtraindicated.	echanical prophylaxis is optional unless pharmacologic is
CH stro	<b>e</b> 1	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
His	ntral line tory of DVT or family history of VTE icipated length of stay GREATER than 48 hour	s
Les Est	s than fully and independently ambulatory rogen therapy	<b>u</b>
	derate or major surgery (not for cancer) jor surgery within 3 months of admission	
] [	Moderate Risk (Selection Required)	

hylaxis - "And" Linked Panel
Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Routine, Continuous, PACU & Post-op
hylaxis "And" Linked Panel
Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
oonse)
40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
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
30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis
40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCI 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
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.
7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
oral, daily at 1700, PACU & Post-op Indication:
STAT, Until discontinued, Starting S Indication:
ection
Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op

<ul> <li>() HIGH Risk of DVT - Surgical (Selection Required) High Risk Definition</li> <li>Both pharmacologic AND mechanical prophylaxis</li> <li>One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg</li> <li>Acute spinal cord injury with paresis</li> <li>Multiple major traumas</li> <li>Abdominal or pelvic surgery for CANCER</li> </ul>	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Acute ischemic stroke History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin for VTE Prophylaxis (Single Resp	onse)
() 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	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>If the patient does not have a history or suspected case of</li> <li>Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.</li> <li>Contraindicated in patients LESS than 50kg, prior to surgery/invasive</li> <li>procedure, or CrCI LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced</li> <li>Thrombocytopenia (HIT):</li> </ul>
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	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)	
<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	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 Requ	uired)

PACU & Post-op         () Place/Maintain sequential compression device continuous       Routine, Continuous, PACU & Post-op         () HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	High Risk Definition			
Thrombophilia (Factor V Leiden, prothomocrysteinemia; myeloproliferative disorders)           Severe fracture of hip, pelvis or leg           Acute spinal cord injury with paresis           Multiple major traumas           Abdomial or pelvic surgery for CANCER           Acute spinal cord injury with paresis           Multiple major traumas           Abdomial or pelvic surgery for CANCER           Acute spinal cord injury with paresis           Multiple major traumas           Abdomial or pelvic surgery for CANCER           Acute spinal cord injury with paresis           Mitigle Response) (Selection Required)           (1) High Risk Pharmacological Prophylaxis - Non-Surgical           Patient (Single Response) (Selection Required)           (2) enoxaparin (LOVENOX) injection (Single Response)           (3) enoxaparin (LOVENOX) syringe           (1) enoxaparin (LOVENOX) syringe           (2) patients with CrCL LESS than 30 mL/min           (3) patients weight between 100-139 kgAND           (3) patients weight Letween 100-139 kgAND           (3) patients weight 140 kg or GREATER than 30 mL/min           (3) patients weight 140 kg or GREATER than 30 mL/min           (1) patients weight 140 kg or GREATER than 30 mL/min           (2) patients weight 140 kg or GREATER than 30 mL/min           (3) fondaparinux (ARIXTRA) injection		must be addressed.		
or protein S deficiency: typethomiczysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Addominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk (Selection Required) [] High Risk (Selection Required) [] High Risk (Selection Required) [] Ocntraindications exists for pharmacologic prophylaxis () Contraindications exists for pharmacologic prophylaxis () encxaparin (LOVENOX) injection (Single Response) () encxaparin (LOVENOX) injection (Single Response) () encxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min midication(s): VTE Prophylaxis () patients weight between 100-139 kg AND CrCI GREATER than 30 mL/min () patients weight between 100-139 kg AND () patients weight between 100-139 kg AND () patients weight between 100-139 kg AND () patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min () patients weight 140 kg or GREATER AND () fondaparinux (ARIXTRA) injection () heparin (porcine)	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 Abdomial or pelvic surgery for CANCER Acute ischemic stroke History of PE 1 High Risk (Selection Required) 1 High Risk (Selection Required) 1 High Risk (Selection Required) 1 High Risk OVTE Patient (Single Response) (Selection Required) 1 Contraindications exist for pharmacologic prophylaxis 1 encode (LOVENOX) injection (Single Response) 2 (Selection Required) 1 encode (LOVENOX) injection (Single Response) 2 (Selection Required) 1 encode (LOVENOX) injection (Single Response) 2 (Selection Required) 2 encode (LOVENOX) syring 4 or g. subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): 'TE Prophylaxis 2 mas subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): 'TE Prophylaxis 2 mas duly, Starting S, PACU & Post-op For Patients weight between 100-139 kg AND CrCI GREATER than 30 mL/min Indication(s): 'TE Prophylaxis 2 mas subcutaneous, 2 times daily, Starting S, PACU & Post-op For CrCI GREATER than 30 mL/min Indication(s): 'TE Prophylaxis 2 for patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min Indication(s): 'TE Prophylaxis 2 for g. subcutaneous, 2 times daily, Starting S, PACU & Post-op For CrCI GREATER than 30 mL/min Indication(s): 'TE Prophylaxis 2 for g. subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min Indication(s): 'TE Prophylaxis 3 for g. subcutaneous, 2 times daily, Starting S, PACU & Post-op For patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min Indication(s): 'TE Prophylaxis 3 for g. subcutaneous, every 1 bours, PACU & Post-op For patients with high inks ob blecding, e.g. weight - Stog, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT outer this medicatio				
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Abdominal or pelvic surgery for CANCER         Acute ischemic stroke         History of PE         I High Risk (Selection Required)         I High Risk of MTE         Routine, Once, PACU & Post-op         I High Risk of MTE         Routine, Once         Contraindications exist for pharmacologic         Prophylaxis         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op         I enoxaparin (LOVENOX) injection (Single Response)         (Selection Required)         () enoxaparin (LOVENOX) syringe         40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op         Indication(s): YTE Prophylaxis         () patients with CrCL LESS than 30 mL/min         Routine, Once Starter than 30 mL/min         Indication(s): YTE Prophylaxis         () patients weight 140 kg or GREATER AND         CrCl GREATER than 30 mL/min         Indication(s): YTE Prophylaxis         () nondaparinux (ARIXTRA) injection         2.5 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): YTE Prophylaxis         () fondaparinux (ARIXTRA) injection         2.				
History of PE         I High Risk (Selection Required)         I] High Risk (Pharmacological Prophylaxis - Non-Surgical Prophylaxis for Pharmacologic Required)         () Contraindications exist for pharmacologic prophylaxis         () Contraindications exist for pharmacologic prophylaxis         () enoxaparin (LOVENOX) injection (Single Response)         (Selection Required)         () enoxaparin (LOVENOX) injection (Single Response)         (Selection Required)         () enoxaparin (LOVENOX) syringe         () patients with CrCL LESS than 30 mL/min         () patients weight between 100-139 kg AND         () patients weight 140 kg or GREATER AND         () fondaparinux (ARIXTRA) injection         () fondaparinux (ARIXTRA) injection         () heparin (porcine) injectio				
[] High Risk (Selection Reguired)         [] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)         [] Contraindications exist for pharmacologic Prophylaxis       Routine, Once, Na Detrophylaxis due to the following contraindication(S): PACU & Post-op         [] enoxaparin (LOVENOX) injection (Single Response)       Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(S): PACU & Post-op         [] 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/min       30 mg, subcutaneous, 2 times daily, Starting S, 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, Starting S, 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       Indication(S): VTE Prophylaxis         () fondaparinux (ARIXTRA) injection       2.5 mg, subcutaneous, ality, PACU & Post-op For Patients weight 140 kg or GREATER than 30 mL/min Indication(S): VTE Prophylaxis         () fondaparinux (ARIXTRA) injection       5.000 Units, subcutaneous, every 8 hours, PACU & Post-op Sou00 Units, subcutaneous, every 8 hours, PACU & Post-op Sou00 Units, subcutaneous, every 8 hours, PACU & Post-op Sou00 Units, subcutaneous, every 8 hours, PACU & Post-op Sou00 Units, subcutaneous, every 8 hours, PACU & Post-op Sou00 Unit				
[] High risk of VTE       Routine, Once, PACU & Post-op         [] High risk Pharmacological Prophylaxis - Non-Surgical Prophylaxis Response) (Selection Required)       Routine, Once         () Contraindications exist for pharmacologic prophylaxis       Routine, Once         () enoxaparin (LOVENOX) injection (Single Response)       Routone, Once         () enoxaparin (LOVENOX) syringe       40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op         () enoxaparin (LOVENOX) syringe       40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op         () patients with CrCL LESS than 30 mL/min       30 mg subcutaneous, daily at 1700, Starting S, PACU & Post-op         () patients weight between 100-139 kg AND       30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op         () patients weight 140 kg or GREATER AND       7 Patients weight 140 kg or GREATER AND         () patients weight 140 kg or GREATER AND       40 mg, subcutaneous, daily, PACU & Post-op         () fondaparinux (ARIXTRA) injection       2.5 mg, subcutaneous, daily, PACU & Post-op         () fondaparinux (ARIXTRA) injection       2.5 mg, subcutaneous, daily, PACU & Post-op         () hepatin (porcine) injection (Recommended       5.000 Units, subcutaneous, every 8 hours, PACU & Post-op         () fondaparinux (ARIXTRA) injection       5.000 Units, subcutaneous, every 8 hours, PACU & Post-op         () hepatin (porcine) injection (Recommended       5.000 Units, subcutaneous, every 8 hours, PACU & Pos	History of PE			
[] High risk of VTE       Routine, Once, PACU & Post-op         [] High risk Pharmacological Prophylaxis - Non-Surgical Prophylaxis Response) (Selection Required)       Routine, Once         () Contraindications exist for pharmacologic prophylaxis       Routine, Once         () enoxaparin (LOVENOX) injection (Single Response)       Routone, Once         () enoxaparin (LOVENOX) syringe       40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op         () enoxaparin (LOVENOX) syringe       40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op         () patients with CrCL LESS than 30 mL/min       30 mg subcutaneous, daily at 1700, Starting S, PACU & Post-op         () patients weight between 100-139 kg AND       30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op         () patients weight 140 kg or GREATER AND       7 Patients weight 140 kg or GREATER AND         () patients weight 140 kg or GREATER AND       40 mg, subcutaneous, daily, PACU & Post-op         () fondaparinux (ARIXTRA) injection       2.5 mg, subcutaneous, daily, PACU & Post-op         () fondaparinux (ARIXTRA) injection       2.5 mg, subcutaneous, daily, PACU & Post-op         () hepatin (porcine) injection (Recommended       5.000 Units, subcutaneous, every 8 hours, PACU & Post-op         () fondaparinux (ARIXTRA) injection       5.000 Units, subcutaneous, every 8 hours, PACU & Post-op         () hepatin (porcine) injection (Recommended       5.000 Units, subcutaneous, every 8 hours, PACU & Pos				
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[1] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)         Patient (Single Response) (Selection Required)         (1) Contraindications exist for pharmacologic prophylaxis       Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op         (1) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)       40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis         (1) patients with CrCL LESS than 30 mL/min       30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis         (1) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min Mindication(s): VTE Prophylaxis       30 mg, subcutaneous, 2 imes daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis         (1) 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 (HTI) do NOT order this medication Contraindicate in patient 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 (HTI).         (1) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < Solg and age > 75yrs) than 50kg or suspected case of Heparin-Induced Thrombocytopenia (HTI).         (1) heparin (porcine) injection - For Patients       7,500 Units, subcutaneous, every 12 hours, PACU & Post-op Indication:		Routine Once PACI & Post-on		
()       Contraindications exist for pharmacologic prophylaxis       Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op         ()       enoxaparin (LOVENOX) injection (Single Response)       40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis         ()       patients with CrCL LESS than 30 mL/min       40 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 AND CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis         ()       patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis         ()       patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis         ()       patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis         ()       for patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis         ()       for daparinux (ARIXTRA) injection       2.5 mg, subcutaneous, aliny, 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 Contraindicate in patients with high risk of bleeding, e.g.         ()       heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g., Recommended for patients with high risk of bleeding, e.g., Recommended for patients with high risk of bleeding, e.g., Recommended				
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contraindication(s): PACU & Post-op         () enoxaparin (LOVENOX) injection (Single Response) (Selection Required)         () 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/min       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 AND CrCl GREATER than 30 mL/min       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         () 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 than 30 mL/min         () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min       2.5 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op If the patient does not have a history of or suspected case of Hepatin-Induced Thrombocrytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocrytopenia (HT);         () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50Kg and age > 75yrs)       5,000 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg         () Heparin (porcine) injection (Recommended 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.				
PACU & Post-op         () enoxaparin (LOVENOX) injection (Single Response) (Selection Required)         () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients weight 140 kg or GREATER than 30 mL/min Indication(s): VTE Prophylaxis         () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)       2.5 mg, 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 8 hours, PACU & Post-op () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)         () HEPArin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)       5.000 Units, subcutaneous, every 8 hours, PACU & Post-op () heparin (porcine) injection (Recommended for patients with weight GREATER than 100 kg         () warfarin (COUMADIN) table	prophylaxis			
()       enoxaparin (LOVENOX) injection (Single Response) (Selection Required)         ()       enoxaparin (LOVENOX) syringe       40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(5): VTE Prophylaxis         ()       patients with CrCL LESS than 30 mL/min       30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(5): VTE Prophylaxis         ()       patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min Indication(5): 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(5): 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 than 30 mL/min         ()       patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min       2.5 mg, subcutaneous, daily, 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, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocrytopenia (HIT)         ()       heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)       5.000 Units, subcutaneous, every 8 hours, PACU & Post-op         ()       heparin (porcine) injection - For Patients with weight GREATER than 100 kg       7.500 Units, subcutaneous, every 8 ho				
(Selection Required)       40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis         () patients with CrCL LESS than 30 mL/min       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 AND CrCl GREATER than 30 mL/min       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         () 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         () 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         () fondaparinux (ARIXTRA) injection       2.5 mg, subcutaneous, aliy, 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 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 Recommended 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       7.500 Units, subcutaneous, every 8 hours, PACU & Post-op Indication:         () Warfarin (COUMADIN) tablet       o				
() patients with CrCL LESS than 30 mL/min       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 AND CrCl GREATER than 30 mL/min       30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg AND         () 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 than 30 mL/min Indication(s): VTE Prophylaxis         () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min       2.5 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or 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 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 for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)       5.000 Units, subcutaneous, every 8 hours, PACU & Post-op         () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg       For patients with weight GREATER than 100 kg.         () warfarin (COUMADIN) tablet       oral, daily at 1700, PACU & Post-op <td></td> <td>ponse)</td>		ponse)		
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Indication(s): VTE Prophylaxis         () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min       30 mg, subcutaneous, 2 imes daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min         () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min       40 mg, subcutaneous, 2 imes daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min         () fondaparinux (ARIXTRA) injection       2.5 mg, subcutaneous, aliy, 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 for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)       5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 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)       7,500 Units, subcutaneous, every 8 hours, PACU & Post-op         () HEParin (COUMADIN) tablet       7,500 Units, subcutaneous, every 8 hours, PACU & Post-op         () Pharmacy consult to manage warfarin (COUMADIN)       STAT, Until discontinued, Starting S Indication:         () Pharmacy consult to manage warfarin (COUMADIN)       STAT, Until discontinued, Starting S Indication:         () Phace/Maintin sequential compression device continuous </td <td>() patients with CrCL LESS than 30 mL/min</td> <td></td>	() patients with CrCL LESS than 30 mL/min			
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CrCl GREATER than 30 mL/min       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       40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op         For Patients weight 140 kg or GREATER than 30 mL/min       140 kg or GREATER and CrCl GREATER than 30 mL/min         Indication(s): VTE Prophylaxis       2.5 mg, subcutaneous, adily, 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         Stool Units, subcutaneous, every 8 hours, PACU & Post-op       5,000 Units, subcutaneous, every 12 hours, PACU & Post-op         Net HEParin (porcine) injection - For Patients       7,500 Units, subcutaneous, every 8 hours, PACU & Post-op         weight GREATER than 100 kg       For patients with high risk of bleeding, e.g.         It HEParin (porcine) injection - For Patients       Too Aptients with weight GREATER than 100 kg.         It HEParin (porcine) injection - For Patients       Too Aptients with weight GREATER than 100 kg.         It marriarin (COUMADIN) tablet	() actions weight between 400,400 km AND			
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         () 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 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 for patients with high risk of bleeding, e.g.         weight < 50kg and age > 75yrs)       than 50kg and age GREATER than 70yrs.         () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg       7.500 Units, subcutaneous, every 8 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS weight < 50kg and age > 75yrs)         () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg       7.500 Units, subcutaneous, every 8 hours, PACU & Post-op Indication:         () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg       oral, daily at 1700, PACU & Post-op Indication:         () HEPArin (porcine) injection - Songle Response) (Selection Required)       STAT, Until discontinued, Starting S Indication:         () Pharcacy consult to manage warfarin (COUMADIN)       STAT, Until discontinued, Starting S Indication:         ()				
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CrCl GREATER than 30 mL/min       For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min         Indication(s): VTE Prophylaxis       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 30 mL/min.         This patient (porcine) injection       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)       Recommended 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       7,500 Units, subcutaneous, every 8 hours, PACU & Post-op         () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg       7,500 Units, subcutaneous, every 8 hours, PACU & Post-op         () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg       7,500 Units, subcutaneous, every 8 hours, PACU & Post-op         () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg       7,500 Units, subcutaneous, every 8 hours, PACU & Post-op         () Heparin (coundation - For Patients with weight GREATER than 100 kg       7,500 Units, subcutaneous, every 8 hours, PACU & Post-op         () Pharmacy consult to manage warfarin (COUMADIN)       STAT, Until discontinued, Starting S<	() patients weight 140 kg or GREATER AND			
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 for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)       5,000 Units, subcutaneous, every 12 hours, PACU & Post-op         ()       HEParin (porcine) injection - For Patients with weight GREATER than 100 kg       For patients with high risk of bleeding, e.g. weight LESS than 50kg and age > 75yrs)         ()       HEParin (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) (Selection Required)       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				
Indication(s): VTE Prophylaxis         Indication:         Indication(s): VTE Prophylaxis         Indication:         Indication:         Indication(s): VTE Prophylaxis         Indication:         Indication:         Indication:         Indication:         Indication:         Indication:         Indication:         Indication:         Indication: <td></td> <td></td>				
() fondaparinux (ARIXTRA) injection       2.5 mg, subcutaneous, daily, PACU & Post-op         () fondaparinux (ARIXTRA) injection       2.5 mg, subcutaneous, daily, PACU & Post-op         () fondaparinux (ARIXTRA) injection       2.5 mg, subcutaneous, daily, PACU & Post-op         () fondaparinux (precise) injection       Contraindicated in patients LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):         () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)       5,000 Units, subcutaneous, every 8 hours, PACU & Post-op         () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg       7,500 Units, subcutaneous, every 8 hours, PACU & Post-op         () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg       7,500 Units, subcutaneous, every 8 hours, PACU & Post-op         () warfarin (COUMADIN) tablet       oral, daily at 1700, PACU & Post-op         () Pharmacy consult to manage warfarin (COUMADIN)       STAT, Until discontinued, Starting S         () Contraindications exist for mechanical prophylaxis       Routine, Once         () Place/Maintain sequential compression device continuous       Routine, Once         () Place/Maintain sequential compression device continuous       Routine, Continuous, PACU & Post-op         () HIGH Risk of DVT - Surgical (Hip/Knee) (Selection       Routine, Continuous, PACU & Post-op <td></td> <td></td>				
Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):           () heparin (porcine) injection         5,000 Units, subcutaneous, every 8 hours, 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           () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg         7,500 Units, subcutaneous, every 8 hours, PACU & Post-op           () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg         7,500 Units, subcutaneous, every 8 hours, PACU & Post-op           () HEParin (COUMADIN) tablet         oral, daily at 1700, PACU & Post-op         1ndication:           () Pharmacy consult to manage warfarin (COUMADIN)         STAT, Until discontinued, Starting S Indication:         STAT, Until discontinued, Starting S Indication:           [] Mechanical Prophylaxis (Single Response) (Selection Required)         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	() fondaparinux (ARIXTRA) injection			
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 for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)         5,000 Units, subcutaneous, every 12 hours, PACU & Post-op           () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg         5,000 Units, subcutaneous, every 9 hours, PACU & Post-op           () HEParin (COUMADIN) tablet         7,500 Units, subcutaneous, every 8 hours, PACU & Post-op           () Pharmacy consult to manage warfarin (COUMADIN)         STAT, Until discontinued, Starting S Indication:           () Pharmacy consult to manage warfarin (COUMADIN)         STAT, Until discontinued, Starting S Indication:           () 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         Routine, Continuous, PACU & Post-op				
procedure, or CrCI LESS than 30 mL/min.         This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):         () heparin (porcine) injection       5,000 Units, subcutaneous, every 8 hours, 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         () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg       7,500 Units, subcutaneous, every 8 hours, PACU & Post-op         () HEParin (COUMADIN) tablet       7,500 Units, subcutaneous, every 8 hours, PACU & Post-op         () Pharmacy consult to manage warfarin (COUMADIN)       STAT, Until discontinued, Starting S         (1) Mechanical Prophylaxis (Single Response) (Selection Required)       Routine, Once         (1) Place/Maintain sequential compression device continuous       Routine, Once         (1) Place/Maintain sequential compression device continuous       Routine, Ontinuous, PACU & Post-op         (1) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection       Routine, Continuous, PACU & Post-op				
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):         () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)       5,000 Units, subcutaneous, every 8 hours, PACU & Post-op         () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg       5,000 Units, subcutaneous, every 8 hours, PACU & Post-op         () HEParin (COUMADIN) tablet       7,500 Units, subcutaneous, every 8 hours, PACU & Post-op         () Pharmacy consult to manage warfarin (COUMADIN)       oral, daily at 1700, PACU & Post-op         () Mechanical Prophylaxis (Single Response) (Selection Required)       STAT, Until discontinued, Starting S Indication:         () Place/Maintain sequential compression device continuous       Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op         () Place/Maintain sequential compression       Routine, Continuous, PACU & Post-op         () HIGH Risk of DVT - Surgical (Hip/Knee) (Selection       Routine, Continuous, PACU & Post-op				
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()       heparin (porcine) injection       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         ()       HEParin (porcine) injection - For Patients with weight GREATER than 100 kg       7,500 Units, subcutaneous, every 8 hours, PACU & Post-op         ()       HEParin (porcine) injection - For Patients with weight GREATER than 100 kg       7,500 Units, subcutaneous, every 8 hours, PACU & Post-op         ()       warfarin (COUMADIN) tablet       oral, daily at 1700, PACU & Post-op         ()       Pharmacy consult to manage warfarin (COUMADIN)       STAT, Until discontinued, Starting S Indication:         ()       Pharmacy consult to manage warfarin (COUMADIN)       STAT, Until discontinued, Starting S Indication:         ()       Portanidications exist for mechanical prophylaxis (Single Response) (Selection         Required)       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       For patients with weight Patients				
() 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) (Selection Required)       Routine, Once No mechanical prophylaxis for mechanical prophylaxis         () Place/Maintain sequential compression device continuous       Routine, Continuous, PACU & Post-op         () HIGH Risk of DVT - Surgical (Hip/Knee) (Selection				
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 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) (Selection Required)       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         ()       Place/Maintain sequential compression device continuous       Routine, Continuous, PACU & Post-op	· · · · ·			
weight < 50kg and age > 75yrs)       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) (Selection Required)       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       Routine, Continuous, PACU & Post-op				
()       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) (Selection Required)       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				
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) (Selection Required)       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				
Indication:         () Pharmacy consult to manage warfarin (COUMADIN)       STAT, Until discontinued, Starting S Indication:         [] Mechanical Prophylaxis (Single Response) (Selection Required)       Indication:         () 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				
() Pharmacy consult to manage warfarin (COUMADIN)       STAT, Until discontinued, Starting S Indication:         [] Mechanical Prophylaxis (Single Response) (Selection Required)       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	() warfarin (COUMADIN) tablet			
(COUMADIN)       Indication:         [] Mechanical Prophylaxis (Single Response) (Selection Required)       Required)         () Contraindications exist for mechanical prophylaxis       Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op         () Place/Maintain sequential compression device continuous       Routine, Continuous, PACU & Post-op         () HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	() Pharmacy consult to manage warfarin			
Required)       () Contraindications exist for mechanical prophylaxis       Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op         () Place/Maintain sequential compression device continuous       Routine, Continuous, PACU & Post-op         () HIGH Risk of DVT - Surgical (Hip/Knee) (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) (Selection		lection		
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 (Hip/Knee) (Selection		Routine, Once		
()       Place/Maintain sequential compression device continuous       Routine, Continuous, PACU & Post-op         ()       HIGH Risk of DVT - Surgical (Hip/Knee) (Selection		No mechanical VTE prophylaxis due to the following contraindication(s):		
) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection				
		า		

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	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
1 High Dick (Selection Dequired)	
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once, PACU & Post-op
<ul> <li>[] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required)</li> </ul>	r Knee
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection F	
[] 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
<ul> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> </ul>	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, 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 CrCI 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 CrCI GREATER than 30 mL/min. Indication(s): VTE Prophylaxis
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCI GREATER than 30 mL/min</li> </ul>	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1, PACU &amp; Post-op</li> <li>If the patient does not have a history or suspected case of</li> <li>Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.</li> <li>Contraindicated in patients LESS than 50kg, prior to surgery/invasive</li> <li>procedure, or CrCl LESS than 30 mL/min</li> <li>This patient has a history of or suspected case of Heparin-Induced</li> <li>Thrombocytopenia (HIT):</li> </ul>
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	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.

<ul> <li>HEParin (porcine) injection - For Patients with weight GREATER than 100 kg</li> </ul>	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 (Selectio Required)	
<ul> <li>rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission</li> </ul>	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) (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
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 therapeut anticoagulant or VTE prophylaxis with Risk Stratif	
anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S	order for
<ul> <li>anticoagulant or VTE prophylaxis with Risk Stratif</li> <li>(Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired)</li> </ul>	order for Selection
anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S	order for
<ul> <li>anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> <li>[] Place sequential compression device (Single</li> </ul>	order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response)
<ul> <li>anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> </ul>	order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<ul> <li>anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> <li>[] Place sequential compression device (Single () Contraindications exist for mechanical</li> </ul>	order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following
<ul> <li>anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> <li>[] Place sequential compression device (Single         <ul> <li>() Contraindications exist for mechanical prophylaxis</li> <li>() Place/Maintain sequential compression</li> </ul> </li> </ul>	order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op order for
<ul> <li>anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> <li>[] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis</li> <li>() Place/Maintain sequential compression device continuous</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required)</li> <li>[] Moderate Risk of VTE</li> </ul>	ication order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op order for Selection Routine, Once, PACU & Post-op
<ul> <li>anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> <li>[] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis</li> <li>() Place/Maintain sequential compression device continuous</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required)</li> </ul>	ication order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op order for Selection
<ul> <li>anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> <li>[] Place sequential compression device (Single         <ul> <li>() Contraindications exist for mechanical prophylaxis</li> <li>() Place/Maintain sequential compression device continuous</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (S Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE</li> </ul> </li> </ul>	order for         Selection         Routine, Once, PACU & Post-op         Routine, Once         No pharmacologic VTE prophylaxis because: patient is already on         therapeutic anticoagulation for other indication.         Therapy for the following:         PACU & Post-op         Response)         Routine, Once         No mechanical VTE prophylaxis due to the following         contraindication(s):         PACU & Post-op         Routine, Continuous, PACU & Post-op         order for         Selection         Routine, Once, PACU & Post-op         Routine, Continuous, PACU & Post-op         Routine, Once, PACU & Post-op         Routine, Once, PACU & Post-op         Routine, Once         No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.         Therapy for the following:         PACU & Post-op

<ul> <li>device continuous</li> <li>() High Risk - Patient currently has an active orc therapeutic anticoagulant or VTE prophylaxis Required)</li> </ul>	
Kequileu)	
[] High risk of VTE	Routine, Once, PACU & Post-op
<ul> <li>Patient currently has an active order for</li> </ul>	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
propriyaxie	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
<ul> <li>Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous, PACU & Post-op
<ul> <li>High Risk - Patient currently has an active orc therapeutic anticoagulant or VTE prophylaxis Required)</li> </ul>	
[] High 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):
	PACU & Post-op
<ul> <li>Place/Maintain sequential compression device continuous</li> </ul>	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	actors
[] Low Risk (Single Response) (Selection Requi	
	Routine, Once
() Low risk of VTE	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga
() LOW IISK OF VIE	
() LOW ISK OF VIE	early ambulation
	PAĆU & Post-op
MODERATE Risk of DVT - Surgical (Selection F	PAĆU & Post-op
MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed.	PAĆU & Post-op
MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated.	PAČU & Post-op Required) Mechanical prophylaxis is optional unless pharmacologic is
MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated. One or more of the following medical conditions:	PAĆU & Post-op Required) Mechanical prophylaxis is optional unless pharmacologic is
MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam	PAĆU & Post-op Required) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam stroke, rheumatologic disease, sickle cell diseas	PAĆU & Post-op Required) Mechanical prophylaxis is optional unless pharmacologic is
MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam stroke, rheumatologic disease, sickle cell diseas Age 60 and above	PAĆU & Post-op Required) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line	PAĆU & Post-op Required) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE	PAČU & Post-op Required) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
MODERATE Risk of DVT - Surgical (Selection F Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho	PAČU & Post-op Required) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
MODERATE Risk of DVT - Surgical (Selection F Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory	PAČU & Post-op Required) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
MODERATE Risk of DVT - Surgical (Selection F Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho	PAĆU & Post-op Required) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
MODERATE Risk of DVT - Surgical (Selection F Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy	PAČU & Post-op Required) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
MODERATE Risk of DVT - Surgical (Selection F Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	PAČU & Post-op Required) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome

[] Moderate risk of VTE	Routine, Once, PACU & Post-op		
] Moderate Risk Pharmacological Prophylaxis - Se Patient (Single Response) (Selection Required)	urgical		
<ul> <li>() Contraindications exist for pharmacologic propl BUT order Sequential compression device</li> </ul>	nylaxis "And" Linked Panel		
[] Contraindications exist for pharmacologic     Routine, Once			
prophylaxis	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 propl AND mechanical prophylaxis	nylaxis "And" Linked Panel		
[] Contraindications exist for pharmacologic	Routine, Once		
prophylaxis	No pharmacologic VTE prophylaxis due to the following		
	contraindication(s):		
	PACU & Post-op		
[] Contraindications exist for mechanical	Routine, Once		
prophylaxis	No mechanical VTE prophylaxis due to the following		
	contraindication(s): PACU & Post-op		
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)			
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, 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	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACL		
CrCl GREATER than 30 mL/min	& Post-op		
	For Patients weight between 100-139 kg and CrCl GREATER than 30		
	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, PACL		
CICI GREATER than 50 mL/mm	& 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 CrCI LESS than 30 mL/min.		
	This patient has a history of or suspected case of Heparin-Induced		
	Thrombocytopenia (HIT):		
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op		
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &		
for patients with high risk of bleeding, e.g.	Post-op		
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS		
	than 50kg and age GREATER than 75yrs.		
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &		
with weight GREATER than 100 kg	Post-op		
() worforin (COUMADIN) toblat	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	STAT, Until discontinued, Starting S		
() Fhamacy consult to manage warrann (COUMADIN)	Indication:		

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
	DERATE Risk of DVT - Non-Surgical (Selection juired)	1
Pha cont	derate Risk Definition Irmacologic prophylaxis must be addressed. Me traindicated. e or more of the following medical conditions:	chanical prophylaxis is optional unless pharmacologic is
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previou stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above		
Hist	ntral line ory of DVT or family history of VTE cipated length of stay GREATER than 48 hours	
Estr	s than fully and independently ambulatory ogen therapy derate or major surgery (not for cancer)	
	or surgery within 3 months of admission	
	Noderate Risk (Selection Required)	
	Moderate risk of VTE	Routine, Once, PACU & Post-op
N	Ioderate Risk Pharmacological Prophylaxis - Ion-Surgical Patient (Single Response) (Selectio Required)	on
	Contraindications exist for pharmacologic proph Order Sequential compression device	nylaxis - "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 proph AND mechanical prophylaxis	
[]	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 Response) (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 CrCI GREATER than 3
_		mL/min Indication(s): VTE Prophylaxis
ted o	n 9/6/2022 at 2:23 PM from POC environment	Page 29 of 3

	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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, 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. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<ul> <li>HEParin (porcine) injection - For Patients with weight GREATER than 100 kg</li> </ul>	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:
<ul> <li>Pharmacy consult to manage warfarin (COUMADIN)</li> </ul>	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<ul> <li>Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous, PACU & Post-op
) HIGH Risk of DVT - Surgical (Selection Required)	
or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
or protein S deficiency; hyperhomocysteinemia; m	
or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke	
or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	Nyeloproliferative disorders)
or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic	Routine, Once cal Patient Routine, Once
or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following
or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis	Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin for VTE Prophylaxis (Single Respondent) () enoxaparin (LOVENOX) 30 mg daily at	Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Dnse) 30 mg, subcutaneous, daily at 1700
or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin for VTE Prophylaxis (Single Respondent () enoxaparin (LOVENOX) 30 mg daily at 1700 () enoxaparin (LOVENOX) 30 mg every 12	Routine, Once         cal Patient         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         onse)         30 mg, subcutaneous, daily at 1700         Indication(s): VTE Prophylaxis         30 mg, subcutaneous, daily at 1700         Indication(s): VTE Prophylaxis         30 mg, subcutaneous, daily at 1700         Indication(s): VTE Prophylaxis         30 mg, subcutaneous, every 12 hours
or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin for VTE Prophylaxis (Single Respondent () enoxaparin (LOVENOX) 30 mg daily at 1700 () enoxaparin (LOVENOX) 30 mg every 12 hours () enoxaparin (LOVENOX) 40 mg daily at	Routine, Once         cal Patient         Routine, Once         cal Patient         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         onse)         30 mg, subcutaneous, daily at 1700         Indication(s): VTE Prophylaxis         30 mg, subcutaneous, every 12 hours         Indication(s): VTE Prophylaxis         40 mg, subcutaneous, daily at 1700
or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin for VTE Prophylaxis (Single Respondent () enoxaparin (LOVENOX) 30 mg daily at 1700 () enoxaparin (LOVENOX) 30 mg every 12 hours	Routine, Once         cal Patient         Routine, Once         cal Patient         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         onse)         30 mg, subcutaneous, daily at 1700         Indication(s): VTE Prophylaxis         30 mg, subcutaneous, every 12 hours         Indication(s): VTE Prophylaxis

() heparin (porcine) injection (Recommended	
	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
<ul> <li>HEParin (porcine) injection - For Patients with weight GREATER than 100 kg</li> </ul>	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	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
<ul> <li>Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	)
() Contraindications exist for pharmacologic	
	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	No pharmacologic VTE prophylaxis due to the following contraindication(s):
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse)
<ul> <li>prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>(Selection Required)</li> </ul>	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<ul> <li>prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> </ul>	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 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
<ul> <li>prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>(Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> </ul>	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 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
<ul> <li>prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>(Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() patients with CrCL LESS than 30 mL/min</li> </ul>	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 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
<ul> <li>prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Respondent (Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() patients with CrCL LESS than 30 mL/min</li> <li>() patients weight between 100-139 kg AND</li> </ul>	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 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
<ul> <li>prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>(Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() patients with CrCL LESS than 30 mL/min</li> </ul>	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 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
<ul> <li>prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Respondent (Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() patients with CrCL LESS than 30 mL/min</li> <li>() patients weight between 100-139 kg AND</li> </ul>	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 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 CrCI GREATER than 30 mL/min
<ul> <li>prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>(Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() patients with CrCL LESS than 30 mL/min</li> <li>() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min</li> </ul>	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 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 CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis
<ul> <li>prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() patients with CrCL LESS than 30 mL/min</li> <li>() patients weight between 100-139 kg AND</li> </ul>	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 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
<ul> <li>prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Respondent (Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() patients with CrCL LESS than 30 mL/min</li> <li>() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min</li> <li>() patients weight 140 kg or GREATER AND</li> </ul>	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 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
<ul> <li>prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() patients with CrCL LESS than 30 mL/min</li> <li>() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min</li> <li>() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min</li> </ul>	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 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 CrCI 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 CrCI GREATER than 30
<ul> <li>prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Respondent (Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() patients with CrCL LESS than 30 mL/min</li> <li>() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min</li> <li>() patients weight 140 kg or GREATER AND</li> </ul>	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 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
<ul> <li>() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() patients with CrCL LESS than 30 mL/min</li> <li>() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min</li> <li>() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min</li> </ul>	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 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
<ul> <li>prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() patients with CrCL LESS than 30 mL/min</li> <li>() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min</li> <li>() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min</li> </ul>	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 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 CrCI 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 CrCI 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
<ul> <li>prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() patients with CrCL LESS than 30 mL/min</li> <li>() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min</li> <li>() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min</li> </ul>	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 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
<ul> <li>prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() patients with CrCL LESS than 30 mL/min</li> <li>() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min</li> <li>() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min</li> </ul>	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 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 CrCI 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 CrCI 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 CrCI LESS than 30 mL/min.
<ul> <li>prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() patients with CrCL LESS than 30 mL/min</li> <li>() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min</li> <li>() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min</li> </ul>	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 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

<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	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	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
with weight GREATER than 100 kg () warfarin (COUMADIN) tablet	For patients with weight GREATER than 100 kg. 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)	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
<ul> <li>HIGH Risk of DVT - Surgical (Hip/Knee) (Selectic Required)</li> </ul>	on
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	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
[] High Risk (Selection Required)	
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Hip c (Arthroplasty) Surgical Patient (Single Response (Selection Required)</li> </ul>	
<ul> <li>Contraindications exist for pharmacologic prophylaxis</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection F	
[] 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
<ul> <li>enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> </ul>	. ,
() 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, Starting S+1, PACL & 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
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> </ul>	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACL & Post-op For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min. Indication(s): VTE Prophylaxis

() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCI GREATER than 30	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACL & Post-op For Patients weight 140 kg or GREATER and CrCI GREATER than 30
mL/min	mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1, PACU &amp; Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul>
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	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 (Selectio Required)	
<ul> <li>rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission</li> </ul>	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
<ul> <li>Pharmacy consult to monitor rivaroxaban (XARELTO) therapy</li> </ul>	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:
<ul> <li>Mechanical Prophylaxis (Single Response) (Se Required)</li> </ul>	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
bs	
bs Today	
Hemoglobin and hematocrit	STAT For 1 Occurrences, PACU
Sodium level	STAT For 1 Occurrences, PACU
Potassium level	STAT For 1 Occurrences, PACU

#### Labs POD 1

[]	Hemoglobin and hematocrit	AM draw For 1 Occurrences, Post-op
[]	CBC with platelet and differential	AM draw repeats For 2 Occurrences, Post-op
[]	Basic metabolic panel	AM draw repeats For 2 Occurrences, Post-op

# Cardiology

### Imaging

X-Ray

[]	XR Hip 2-3 View Left	Routine, 1 time imaging, Starting S at	1:00 AM For 1 , PACU
[]	XR Hip 2-3 View Right	Routine, 1 time imaging, Starting S at	1:00 AM For 1, PACU
[]	Pelvis 1 Or 2 Vw	Routine, 1 time imaging, Starting S at	1:00 AM For 1 , PACU
[]	Hips Bilateral Ap Lateral W Ap Pelvis	Routine, 1 time imaging, Starting S at	1:00 AM For 1, PACU

[] Femur 2 Vw Left	Routine, 1 time imaging, Starting S at	1:00 AM For 1 , PACU
[] Femur 2 Vw Right	Routine, 1 time imaging, Starting S at	1:00 AM For 1, PACU

# Other Studies

## Respiratory

#### Respiratory

[] Pulse oximetry	Routine, Continuous
	Current FIO2 or Room Air:
	And while patient in on PCA., Post-op
[] 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: 90%
	Indications for O2 therapy:
	Post-op
[X] Incentive spirometry	Routine, Every hour For 10 Occurrences
	While awake. Respiratory to instruct at bedside and
	encourage cough and deep breathing exercises., Post-op
[] CPAP	Routine, RT - At bedtime
	Device Interface:
	CPAP:
	Mode:
	Resp Rate (breaths/min):
	EPAP (cm H2O):
	O2 Bleed In (L/min):
	% FiO2:
	FiO2:
	At bedside., Post-op

### Rehab

### Consults

For Physician Consult orders use sidebar

#### **Physician Consults**

[] Consult Hospitalist Medicine	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
Ancillary consults	
[] Consult to Case Management	Consult Reason: DME,Home Health,Rehabilitation Referral Reasons for Home Health Care: Home Health Services: Homebound Status: Resume home health services with previous home health agency prior to the hospital admission: Face to Face Cert Statement: DME Diagnosis: Type of DME: Mobility Aids MOBILITY AIDS: Per Payer requirements; only ONE Mobility Aid may be chosen from this list: Walkers (With 5 inch Wheels) Walkers (With 5 inch wheels): Type of DME: Face-to-Face Date: Clinical Findings: Special Instructions: Post-op

[] Consult to Social Work	Reason for Consult: Discharge Placement Post-op, Social worker needed only for community SNF
	placement
[] Consult to OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility?
	Please provide safe ranges for HR, BP, O2 saturation( if
	values are very abnormal):
	Weight Bearing Status:
	PACU, Patient is a same day discharge
[] Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):
	Weight Bearing Status:
	PACU, Patient is a same day discharge
[] Consult PT eval and treat	Special Instructions: evaluate equipment needs at discharge Weight Bearing Status: PACU & Post-op
[] Consult PT wound care	Special Instructions: Location of Wound?
[] Consult OT eval and treat	Special Instructions: Instruct on use of hip kit. Weight Bearing Status: PACU & Post-op
Additional Orders	