# Knee Replacement Post-Op [1754]

## 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 Extremities | Post-op |
| [ ] | Anemia | Post-op |
| [ ] | Bacteremia | Post-op |
| [ ] | Bipolar disorder, unspecified | Post-op |
| [ ] | Cardiac Arrest | Post-op |
| [ ] | Cardiac Dysrhythmia | Post-op |
| [ ] | Cardiogenic Shock | Post-op |
| [ ] | Decubitus Ulcer | Post-op |
| [ ] | Dementia in Conditions Classified Elsewhere | Post-op |
| [ ] | Disorder of Liver | Post-op |
| [ ] | Electrolyte and Fluid Disorder | Post-op |
| [ ] | Intestinal Infection due to Clostridium Difficile | Post-op |
| [ ] | Methicillin Resistant Staphylococcus Aureus Infection | Post-op |
| [ ] | Obstructive Chronic Bronchitis with Exacerbation | Post-op |
| [ ] | Other Alteration of Consciousness | Post-op |
| [ ] | Other and Unspecified Coagulation Defects | Post-op |
| [ ] | Other Pulmonary Embolism and Infarction | Post-op |
| [ ] | Phlebitis and Thrombophlebitis | Post-op |
| [ ] | Protein-calorie Malnutrition | Post-op |
| [ ] | Psychosis, unspecified psychosis type | Post-op |
| [ ] | Schizophrenia Disorder | Post-op |
| [ ] | Sepsis | Post-op |
| [ ] | Septic Shock | Post-op |
| [ ] | Septicemia | Post-op |
| [ ] | Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled | Post-op |
| [ ] | Urinary Tract Infection, Site Not Specified | Post-op |

**Elective Outpatient, Observation, or Admission (Single Response)**

| | | |
|---|---|---|
| ( ) | Elective outpatient procedure: Discharge following routine recovery | Routine, Continuous, PACU & Post-op |
| ( ) | Outpatient observation services under general supervision | Admitting Physician:<br>Patient Condition:<br>Bed request comments:<br>PACU & Post-op |
| ( ) | Outpatient in a bed - extended recovery | Admitting Physician:<br>Bed request comments:<br>PACU & Post-op |
| ( ) | Admit to inpatient | Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>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.<br>PACU & Post-op |

**Admission or Observation (Single Response)**

Patient has active outpatient status order on file

| | |
|---|---|
| ( ) Admit to Inpatient | Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>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.<br>PACU & Post-op |
| ( ) Outpatient observation services under general supervision | Admitting Physician:<br>Patient Condition:<br>Bed request comments:<br>PACU & Post-op |
| ( ) Outpatient in a bed - extended recovery | Admitting Physician:<br>Bed request comments:<br>PACU & Post-op |
| ( ) Transfer patient | Level of Care:<br>Bed request comments:<br>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:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>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.<br>PACU & Post-op |
| ( ) Transfer patient | Level of Care:<br>Bed request comments:<br>Scheduling/ADT |
| ( ) Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT |

**Transfer (Single Response)**

Patient has active inpatient status order on file

| | |
|---|---|
| ( ) Transfer patient | Level of Care:<br>Bed request comments:<br>Scheduling/ADT |
| ( ) Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT |

**Code Status (Single Response)**

| | |
|---|---|
| ( ) Full code | Code Status decision reached by:<br>Post-op |
| ( ) DNR (Do Not Resuscitate) (Selection Required) | |
| [ ] DNR (Do Not Resuscitate) | Did the patient/surrogate require the use of an interpreter?<br>Did the patient/surrogate require the use of an interpreter?<br>Does patient have decision-making capacity?<br>Post-op |
| [ ] Consult to Palliative Care Service | Priority:<br>Reason for Consult?<br>Order?<br>Name of referring provider:<br>Enter call back number: |

| | | |
|---|---|---|
| [ ] | Consult to Social Work | Reason for Consult:<br>Post-op |
| ( ) | Modified Code | Did the patient/surrogate require the use of an interpreter?<br>Did the patient/surrogate require the use of an interpreter?<br>Does patient have decision-making capacity?<br>Modified Code restrictions:<br>Post-op |
| ( ) | Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest)) | I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.<br>Treatment Restriction decision reached by:<br>Specify Treatment Restrictions:<br>Post-op |

**Isolation**

| | | |
|---|---|---|
| [ ] | Airborne isolation status | |
| [ ] | Airborne isolation status | Details |
| [ ] | Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. | Once, Sputum, Post-op |
| [ ] | Contact isolation status | Details |
| [ ] | Droplet isolation status | Details |
| [ ] | Enteric isolation status | Details |

**Precautions**

| | | |
|---|---|---|
| [ ] | Aspiration precautions | Post-op |
| [ ] | Fall precautions | Increased observation level needed:<br>Post-op |
| [ ] | Latex precautions | Post-op |
| [ ] | Seizure precautions | Increased observation level needed:<br>Post-op |

## Nursing

**Vital Signs**

| | | |
|---|---|---|
| [ ] | Vital signs - T/P/R/BP (Q15min) | Routine, Every 15 min For 999 Occurrences<br>Times 4, then every 30 minutes times 4, then every hour times 4, then<br>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<br>Specify: Up with assistance<br>PACU & Post-op |
| [ ] | Bed rest | Routine, Until discontinued, Starting S, PACU & Post-op |
| [ ] | Weight bearing | Routine, Until discontinued, Starting S<br>Weight Bearing Status:<br>Extremity:<br>PACU & Post-op |
| [ ] | Up in chair | Routine, As needed<br>Specify: Up in chair<br>Additional modifier:<br>For meals as tolerated, PACU & Post-op |
| [ ] | Dangle at bedside | Routine, Once, PACU & Post-op |
| [ ] | Ambulate patient | Routine, Every shift<br>Specify:<br>Day of surgery, PACU & Post-op |

**Equipment**

| | | |
|---|---|---|
| [ ] | Obtain supply / device: | Routine, Once<br>Obtain:<br>PACU & Post-op |

**Nursing Assessments**

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

| | |
|---|---|
| [ ] Drain care | Routine, Until discontinued, Starting S<br>Type of drain: Hemovac<br>Specify location:<br>Drain Number:<br>Drainage/Suction:<br>Post-op |
| [ ] Remove drains / tubes | Routine, Once, Starting S+1<br>Type:<br>Specify location:<br>POD 1, Post-op |
| [ ] Remove drains / tubes | Routine, Once, Starting S+2<br>Type:<br>Specify location:<br>POD 2, Post-op |
| [ ] Wound care orders | Routine, Daily, Starting S+1<br>Wound care to be performed by:<br>Location:<br>Site: Hip(s)<br>Irrigate wound?<br>Apply:<br>Dressing Type:<br>POD #1 as needed., Post-op |
| [ ] Wound care orders | Routine, Daily, Starting S+2<br>Wound care to be performed by:<br>Location:<br>Site: Hip(s)<br>Irrigate wound?<br>Apply:<br>Dressing Type:<br>POD #2, Post-op |
| [ ] Wound care orders | Routine, Once, Starting S+2 For 1 Occurrences<br>Wound care to be performed by:<br>Location:<br>Site: Hip(s)<br>Irrigate wound?<br>Apply:<br>Dressing Type:<br>Change Mepilex at 48 hours post-op. Do not remove strips., Post-op |
| [ ] Reinforce dressing | Routine, As needed, Starting S+1<br>Reinforce with:<br>POD #1: Nurse may reinforce dressing but do not remove., Post-op |
| [ ] Reinforce dressing | Routine, As needed<br>Reinforce with:<br>Nurse may reinforce dressing but do not remove, PACU |
| [ ] Reinforce dressing | Routine, As needed, Starting S+2<br>Reinforce with:<br>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<br>Specify:<br>Additional modifier:<br>Post-op |
| [ ] Discontinue IV | Routine, Once<br>Upon discharge., Post-op |

**Diet**

| | | |
|---|---|---|
| [ ] | Diet - Clear liquids, advance as tolerated to Regular | Diet effective now, Starting S<br>Diet(s): Clear Liquids<br>Advance Diet as Tolerated? Yes<br>Target Diet: Regular<br>Advance target diet criteria:<br>IDDSI Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:<br>Please assess bowel sounds between progressions., PACU & Post-op |
| [ ] | Diet - Clear liquids, advance as tolerated to Diabetic 1800 Carb Control | Diet effective now, Starting S<br>Diet(s): Clear Liquids<br>Advance Diet as Tolerated? Yes<br>Target Diet: Diabetic 1800 Carb Control<br>Advance target diet criteria:<br>IDDSI Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:<br>Please assess bowel sounds between progressions., PACU & Post-op |
| [ ] | Diet - Clear liquids, advance as tolerated to Heart Healthy | Diet effective now, Starting S<br>Diet(s): Clear Liquids<br>Advance Diet as Tolerated? Yes<br>Target Diet: Heart Healthy<br>Advance target diet criteria:<br>IDDSI Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:<br>Please assess bowel sounds between progressions., PACU & Post-op |
| [ ] | Diet - Clear liquids, advance as tolerated to Renal (80GM Pro, 2-3GM Na, 2-3GM K) | Diet effective now, Starting S<br>Diet(s): Clear Liquids<br>Advance Diet as Tolerated? Yes<br>Target Diet: Renal (80GM Pro, 2-3GM Na, 2-3GM K)<br>Advance target diet criteria:<br>IDDSI Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:<br>Please assess bowel sounds between progressions., PACU & Post-op |

**Patient Education**

| | | |
|---|---|---|
| [ ] | Patient education-Patient education - Elevate leg higher than heart with knee in extension. No pillow directly under the knee | Routine, Once, Starting S For 1 Occurrences<br>Patient/Family:<br>Education for: Other (specify)<br>Specify: Patient education - Elevate leg higher than heart with knee in extension. No pillow directly under the knee<br>PACU |
| [ ] | Patient education - Outpatient nutrition, KRAMES materials, and reinforce exercises. | Routine, Once<br>Patient/Family: Patient<br>Education for: Outpatient nutrition education<br>Please provide appropriate KRAMES patient education materials, reinforce need for patient to perform exercises as prescribed., Post-op |
| [ ] | Patient education - Elevate leg higher than heart with knee in extension. No pillow directly under the knee | Routine, Once<br>Patient/Family: Patient<br>Education for: Other (specify)<br>Specify: Elevate leg higher than heart with knee in extension. No pillow directly under the knee<br>Post-op |

| | | |
|---|---|---|
| [ ] | Patient education - discharge instructions | Routine, Once<br>Patient/Family: Patient<br>Education for: Discharge<br>POD #2: Plan discharge to home prior to 11:00AM, Post-op |

**Notify**

| | | |
|---|---|---|
| [ ] | Notify Consulting physician of patient's location | Routine, Until discontinued, Starting S, Post-op |
| [ ] | Notify Acute Pain Management Service (APMS) | 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 |

## IV Fluids

**IV Fluids (Single Response)**

| | | |
|---|---|---|
| ( ) | sodium chloride 0.9 % infusion | 75 mL/hr, intravenous, continuous, Post-op |
| ( ) | sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion | 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 potassium chloride 20 mEq/L infusion | 75 mL/hr, intravenous, continuous, Post-op |
| ( ) | 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 |
| ( ) | sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion | 75 mL/hr, intravenous, continuous, Post-op |

## Medications

**IV Antibiotics: For Patients LESS than or EQUAL to 120 kg**

| | | |
|---|---|---|
| [ ] | cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg | 2 g, intravenous, once, For 1 Doses, Post-op<br>For patients LESS than or EQUAL to 120 kg<br>Reason for Therapy: Surgical Prophylaxis |
| [ ] | FOR MRSA CONCERN OR SEVERE PENICILLIN ALLERGY - vancomycin (VANCOCIN) IV | 15 mg/kg, intravenous, once, For 1 Doses, Post-op<br>Reason for Therapy: Surgical Prophylaxis |

**IV Antibiotics: For Patients GREATER than 120 kg**

| | | |
|---|---|---|
| [ ] | cefazolin (ANCEF) IV - For Patients GREATER than 120 kg | 3 g, intravenous, once, For 1 Doses, Post-op<br>Reason for Therapy: Surgical Prophylaxis |
| [ ] | FOR MRSA CONCERN OR SEVERE PENICILLIN ALLERGY - vancomycin (VANCOCIN) IV | 15 mg/kg, intravenous, once, For 1 Doses, Post-op<br>Reason for Therapy: Surgical Prophylaxis |

**Pain Medications**

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

Pain Management Guide

Opioid PCA Conversion to Oral Opioid Regimen

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

| | |
|---|---|
| [ ] | Scheduled Pain Medications (Single Response) |

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

( ) acetaminophen (TYLENOL) 500 mg tablet or liquid **"Or" Linked Panel**

| | |
|---|---|
| [ ] acetaminophen (TYLENOL) tablet | 500 mg, oral, every 6 hours scheduled<br>Use if patient can tolerate oral tablet. |
| [ ] acetaminophen (TYLENOL) liquid | 500 mg, oral, every 6 hours scheduled |

( ) acetaminophen (TYLENOL) 650 mg tablet or liquid **"Or" Linked Panel**

| | |
|---|---|
| [ ] acetaminophen (TYLENOL) tablet | 650 mg, oral, every 6 hours scheduled<br>Use if patient can tolerate oral tablet. |
| [ ] acetaminophen (TYLENOL) liquid | 650 mg, oral, every 6 hours scheduled |

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

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

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

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

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

| | |
|---|---|
| [ ] ibuprofen (ADVIL, MOTRIN) tablet | 600 mg, oral, every 6 hours scheduled, Post-op<br>Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication. |
| [ ] ibuprofen (MOTRIN) 100 mg/5 mL suspension | 600 mg, oral, every 6 hours scheduled, Post-op<br>Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.<br>Use if patient cannot swallow tablet. |
| ( ) naproxen (NAPROSYN) tablet | 250 mg, oral, 2 times daily, Post-op<br>Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. |
| ( ) celecoxib (CeleBREX) capsule | 100 mg, oral, 2 times daily, Post-op<br>For age GREATER than or EQUAL to 65 yo and patients LESS than 50kg. Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. |
| ( ) ketorolac (TORADOL) injection | 15 mg, intravenous, every 6 hours scheduled, Post-op |

[ ] PRN Pain Medications

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

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

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

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

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

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

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

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

| | | |
|---|---|---|
| [ ] | ibuprofen (ADVIL, MOTRIN) tablet | 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op<br>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<br>Use if patient cannot swallow tablet. |
| ( ) | naproxen (NAPROSYN) tablet | 250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op<br>Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. |
| ( ) | celecoxib (CeleBREX) capsule | 100 mg, oral, 2 times daily PRN, mild pain (score 1-3), Post-op<br>Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. |
| ( ) | ketorolac (TORADOL) injection | 15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3)<br>Give if patient unable to swallow tablet. |

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

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

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

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

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

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

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

| | | |
|---|---|---|
| [ ] | acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.<br>The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: |
| [ ] | acetaminophen-codeine 300 mg-30 mg /12.5 mL solution | 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>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.<br>The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: |

( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

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

| | | |
|---|---|---|
| [ ] | HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Give if patient able to swallow tablet. |
| [ ] | HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution | 10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>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<br>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)<br>Max daily dose 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet. |

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

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

| | |
|---|---|
| [ ] acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.<br>The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: |
| [ ] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution | 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>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.<br>The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: |

( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

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

| | |
|---|---|
| [ ] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Give if patient able to swallow tablet. |
| [ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution | 10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>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<br>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)<br>Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet. |

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

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

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

( ) ketorolac (TORADOL) IV (Single Response)

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

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

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

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

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

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

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

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

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

| | |
|---|---|
| [ ] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op<br>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<br>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<br>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<br>Tablets may be crushed. Give if patient able to swallow tablet |

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

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

| | |
|---|---|
| ( ) oxyCODONE (ROXICODONE) immediate release tablet | 5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op<br>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<br>Oral tablets may be crushed. Give if patient able to swallow tablets. |

( ) HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

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

| | |
|---|---|
| [ ] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op<br>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<br>Give if patient unable to swallow tablet. |

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

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

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

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

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

| | |
|---|---|
| ( ) fentaNYL (SUBLIMAZE) injection | 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op<br>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<br>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<br>Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. |

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

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

| | |
|---|---|
| ( ) fentaNYL (SUBLIMAZE) injection | 12.5 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op<br>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<br>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<br>Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. |

**PCA Medications - Not HMSJ (Single Response)**

( ) fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders

[ ] 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<BR>PCA Dose: 10 mcg<BR>Lockout: 10 Minutes<BR>Four Hour Dose Limit: 150 mcg intravenous, continuous<br>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.<br><br>Adjust doses for age, renal function or other factors. |

[ ] Nursing PCA Orders

| | |
|---|---|
| [ ] Vital signs - T/P/R/BP | Routine, Per unit protocol<br>- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then<br>- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then<br>- Every 4 hours until PCA therapy is discontinued.<br>- Immediately following PCA administration tubing change |
| [ ] PCA Documentation | Routine, Every 12 hours<br>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<br>Patient/Family:<br>Education for: Pain pump<br>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<br>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<br>- Inadequate analgesia<br>- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy<br>- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy |
| [ ] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less<br>- Severe and/or recent confusion or disorientation<br>- POSS sedation level 4: Somnolent and difficult to arouse<br>- Sustained hypotension (SBP less than 90)<br>- Excessive nausea or vomiting<br>- 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 |

( ) hydromorPHONE PCA (DILAUDID) 15 mg/30 mL + Nursing PCA Orders

| | |
|---|---|
| [ ] hydromorPHONE PCA (DILAUDID) 15 mg/30 mL (Single Response) | |
| ( ) hydromorPHONE (DILAUDID) 15 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive | Nurse Loading Dose: Not Ordered<BR>PCA Dose: 0.2 mg<BR>Lockout: 10 Minutes<BR>MAX (Four hour dose limit): 3 mg intravenous, continuous<br>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.<br><br>Adjust doses for age, renal function or other factors. |
| [ ] Nursing PCA Orders | |
| [ ] Vital signs - T/P/R/BP | Routine, Per unit protocol<br>- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then<br>- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then<br>- Every 4 hours until PCA therapy is discontinued.<br>- Immediately following PCA administration tubing change |

| | |
|---|---|
| [ ] PCA Documentation | Routine, Every 12 hours<br>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<br>Patient/Family:<br>Education for: Pain pump<br>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<br>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<br>- Inadequate analgesia<br>- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy<br>- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy |
| [ ] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less<br>- Severe and/or recent confusion or disorientation<br>- POSS sedation level 4: Somnolent and difficult to arouse<br>- Sustained hypotension (SBP less than 90)<br>- Excessive nausea or vomiting<br>- 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 Orders

| | |
|---|---|
| [ ] morPHINE PCA 30 mg/30 mL (Single Response) | |
| ( ) morPHINE PCA 30 mg/30 mL in sodium chloride 0.9% for Opioid Naive | Nurse Loading Dose: Not Ordered<BR>PCA Dose: 1 mg<BR>Lockout Interval: 10 Minutes<BR>MAX (Four hour dose limit): 20 mg intravenous, continuous<br>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.<br><br>Adjust doses for age, renal function or other factors. |
| [ ] Nursing PCA Orders | |
| [ ] Vital signs - T/P/R/BP | Routine, Per unit protocol<br>- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then<br>- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then<br>- Every 4 hours until PCA therapy is discontinued.<br>- Immediately following PCA administration tubing change |
| [ ] PCA Documentation | Routine, Every 12 hours<br>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<br>Patient/Family:<br>Education for: Pain pump<br>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<br>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<br>- Inadequate analgesia<br>- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy<br>- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy |
| [ ] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less<br>- Severe and/or recent confusion or disorientation<br>- POSS sedation level 4: Somnolent and difficult to arouse<br>- Sustained hypotension (SBP less than 90)<br>- Excessive nausea or vomiting<br>- 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 |

**PCA Medications - HMSJ Only (Single Response)**

( ) fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders

| | |
|---|---|
| [ ] 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<BR>PCA Dose: 10 mcg<BR>Lockout: 10 Minutes<BR>Four Hour Dose Limit: 150 mcg intravenous, continuous<br>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.<br><br>Adjust doses for age, renal function or other factors. |
| [ ] Nursing PCA Orders | |
| [ ] Vital signs - T/P/R/BP | Routine, Per unit protocol<br>- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then<br>- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then<br>- Every 4 hours until PCA therapy is discontinued.<br>- Immediately following PCA administration tubing change |
| [ ] PCA Documentation | Routine, Every 12 hours<br>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<br>Patient/Family:<br>Education for: Pain pump<br>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<br>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<br>- Inadequate analgesia<br>- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy<br>- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy |
| [ ] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less<br>- Severe and/or recent confusion or disorientation<br>- POSS sedation level 4: Somnolent and difficult to arouse<br>- Sustained hypotension (SBP less than 90)<br>- Excessive nausea or vomiting<br>- 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 |

( ) hydromorPHONE PCA (DILAUDID) 30 mg/30 mL + Nursing PCA Orders

| | |
|---|---|
| [ ] hydromorPHONE PCA (DILAUDID) 30 mg/30 mL (Single Response) | |
| ( ) hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive | Nurse Loading Dose: Not Ordered<BR>PCA Dose: 0.2 mg<BR>Lockout Interval: 10 Minutes<BR>MAX (Four hour dose limit): 3 mg intravenous, continuous<br>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.<br><br>Adjust doses for age, renal function or other factors. |
| [ ] Nursing PCA Orders | |
| [ ] Vital signs - T/P/R/BP | Routine, Per unit protocol<br>- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then<br>- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then<br>- Every 4 hours until PCA therapy is discontinued.<br>- Immediately following PCA administration tubing change |
| [ ] PCA Documentation | Routine, Every 12 hours<br>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<br>Patient/Family:<br>Education for: Pain pump<br>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<br>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<br>- Inadequate analgesia<br>- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy<br>- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy |

| | |
|---|---|
| [ ] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less<br>- Severe and/or recent confusion or disorientation<br>- POSS sedation level 4: Somnolent and difficult to arouse<br>- Sustained hypotension (SBP less than 90)<br>- Excessive nausea or vomiting<br>- 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 Orders

| | |
|---|---|
| [ ] morPHINE PCA 30 mg/30 mL (Single Response) | |
| ( ) morPHINE PCA 30 mg/30 mL in sodium chloride 0.9% for Opioid Naive | Nurse Loading Dose: Not Ordered<BR>PCA Dose: 1 mg<BR>Lockout Interval: 10 Minutes<BR>MAX (Four hour dose limit): 20 mg intravenous, continuous<br>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.<br><br>Adjust doses for age, renal function or other factors. |
| [ ] Nursing PCA Orders | |
| [ ] Vital signs - T/P/R/BP | Routine, Per unit protocol<br>- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then<br>- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then<br>- Every 4 hours until PCA therapy is discontinued.<br>- Immediately following PCA administration tubing change |
| [ ] PCA Documentation | Routine, Every 12 hours<br>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<br>Patient/Family:<br>Education for: Pain pump<br>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<br>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<br>- Inadequate analgesia<br>- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy<br>- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy |
| [ ] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less<br>- Severe and/or recent confusion or disorientation<br>- POSS sedation level 4: Somnolent and difficult to arouse<br>- Sustained hypotension (SBP less than 90)<br>- Excessive nausea or vomiting<br>- 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 |

**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)., Post-op<br>Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg).<br>If naloxone is needed, please call the ordering physician and/or CERT<br>team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3<br>times. |

**Antiemetics - PACU/PostOp**

| | | |
|---|---|---|
| [ ] | ondansetron (ZOFRAN) IV or Oral (Selection Required) | **"Or" Linked Panel** |
| [ ] | ondansetron ODT (ZOFRAN-ODT) disintegrating tablet | 4 mg, oral, every 8 hours PRN, nausea, vomiting, PACU & Post-op<br>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<br>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 Required) | **"Or" Linked Panel** |
| [X] | ondansetron ODT (ZOFRAN-ODT) disintegrating tablet | 4 mg, oral, every 8 hours PRN, nausea, vomiting, PACU<br>Give if patient is able to tolerate oral medication. |
| [X] | ondansetron (ZOFRAN) 4 mg/2 mL injection | 4 mg, intravenous, every 8 hours PRN, nausea, vomiting, PACU<br>Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. |

**Symptom Management**

| | | |
|---|---|---|
| [ ] | acetaminophen (TYLENOL) tablet | 650 mg, oral, every 6 hours PRN, headaches, fever, Temperature greater than 101, Post-op |
| [ ] | benzocaine-menthol (CEPACOL MAX) lozenge 15-3.6 mg | 1 lozenge, buccal, PRN, sore throat, Post-op |
| [ ] | pantoprazole (PROTONIX) EC tablet | 40 mg, oral, daily at 0600, Post-op<br>Indication(s) for Proton Pump Inhibitor (PPI) Therapy: |
| [ ] | ergocalciferol (ERGOCALCIFEROL) capsule | 50,000 Units, oral, weekly, Post-op<br>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<br>POD #1 |
| [ ] | methocarbamol (ROBAXIN) tablet | 500 mg, oral, every 8 hours PRN, muscle spasms, Post-op<br>Muscle relaxants should be minimized in patients over 65 years old. |

**Laxatives**

| | | |
|---|---|---|
| [ ] | sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet | 2 tablet, oral, nightly PRN, constipation, Post-op |
| [ ] | magnesium hydroxide suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR WORSE | 30 mL, oral, every 6 hours PRN, constipation, Post-op<br>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 |

**Itching: For Patients GREATER than 77 years old (Single Response)**

| | | |
|---|---|---|
| ( ) | cetirizine (ZyrTEC) tablet | 5 mg, oral, daily PRN, itching, Post-op |

**Itching: For Patients between 70-76 years old (Single Response)**

| | |
|---|---|
| ( ) cetirizine (ZyrTEC) tablet | 5 mg, oral, daily PRN, itching, Post-op |

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

| | |
|---|---|
| ( ) 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 |
| ( ) fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed | 60 mg, oral, 2 times daily PRN, itching, Post-op |

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

| | |
|---|---|
| ( ) 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 years old (Single Response)**

| | |
|---|---|
| ( ) ramelteon (ROZEREM) tablet | 8 mg, oral, nightly PRN, sleep, Post-op |

## VTE

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

| | |
|---|---|
| VTE/DVT Risk Definitions | URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" |
| Anticoagulation Guide for COVID patients | URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" |

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

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

| | |
|---|---|
| [ ] Moderate risk of VTE | Routine, Once, PACU & Post-op |
| [ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |

[ ] Place sequential compression device (Single Response)

| | |
|---|---|
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

( ) Moderate Risk - Patient currently has an active 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 therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |

[ ] Place sequential compression device (Single Response)

| | |
|---|---|
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |

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

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

| | |
|---|---|
| [ ] High risk of VTE | Routine, Once, PACU & Post-op |
| [ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |

[ ] Place sequential compression device (Single Response)

| | |
|---|---|
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

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

| | |
|---|---|
| [ ] High risk of VTE | Routine, Once, PACU & Post-op |
| [ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |

[ ] Place sequential compression device (Single Response)

| | |
|---|---|
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

( ) LOW Risk of DVT (Selection Required)

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

[ ] Low Risk (Single Response) (Selection Required)

| | |
|---|---|
| ( ) Low risk of VTE | Routine, Once<br>Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation<br>PACU & Post-op |

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above
Central line
History of DVT or family history of VTE
Anticipated length of stay GREATER than 48 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)

| | |
|---|---|
| [ ] Moderate risk of VTE | Routine, Once, PACU & Post-op |

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

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

| | |
|---|---|
| [ ] Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| [ ] Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

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

| | |
|---|---|
| [ ] Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| [ ] Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |

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

| | |
|---|---|
| ( ) enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op<br>Indication(s): VTE Prophylaxis |
| ( ) patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op<br>For Patients with CrCL LESS than 30 mL/min<br>Indication(s): VTE Prophylaxis |
| ( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min<br>Indication(s): VTE Prophylaxis |
| ( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min<br>Indication(s): VTE Prophylaxis |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op<br>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.<br>Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| ( ) heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op |
| ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op<br>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<br>For patients with weight GREATER than 100 kg. |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1, PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |

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

| | |
|---|---|
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above
Central line
History of DVT or family history of VTE
Anticipated length of stay GREATER than 48 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)

| | |
|---|---|
| [ ] Moderate risk of VTE | Routine, Once, PACU & Post-op |

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

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

| | |
|---|---|
| [ ] Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| [ ] Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

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

| | |
|---|---|
| [ ] Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| [ ] Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>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<br>Indication(s): VTE Prophylaxis |
| ( ) patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op<br>For Patients with CrCL LESS than 30 mL/min<br>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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min<br>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<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min<br>Indication(s): VTE Prophylaxis |

| | |
|---|---|
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, PACU & Post-op<br>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<br>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<br>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<br>For patients with weight GREATER than 100 kg. |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700, PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |

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

| | |
|---|---|
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

| | |
|---|---|
| [ ] High risk of VTE | Routine, Once |

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

| | |
|---|---|
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s): |

( ) enoxaparin for VTE Prophylaxis (Single Response)

| | |
|---|---|
| ( ) enoxaparin (LOVENOX) 30 mg daily at 1700 | 30 mg, subcutaneous, daily at 1700<br>Indication(s): VTE Prophylaxis |
| ( ) enoxaparin (LOVENOX) 30 mg every 12 hours | 30 mg, subcutaneous, every 12 hours<br>Indication(s): VTE Prophylaxis |
| ( ) enoxaparin (LOVENOX) 40 mg daily at 1700 | 40 mg, subcutaneous, daily at 1700<br>Indication(s): VTE Prophylaxis |
| ( ) enoxaparin (LOVENOX) 40 mg every 12 hours | 40 mg, subcutaneous, every 12 hours<br>Indication(s): VTE Prophylaxis |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1<br>If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| ( ) heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |

| | |
|---|---|
| ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM<br>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<br>For patients with weight GREATER than 100 kg. |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |

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

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

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

| | |
|---|---|
| [ ] High risk of VTE | Routine, Once, PACU & Post-op |

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

| | |
|---|---|
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |

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

| | |
|---|---|
| ( ) enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op<br>Indication(s): VTE Prophylaxis |
| ( ) patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op<br>For Patients with CrCL LESS than 30 mL/min<br>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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min<br>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<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min<br>Indication(s): VTE Prophylaxis |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, PACU & Post-op<br>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.<br>Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.<br>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<br>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<br>For patients with weight GREATER than 100 kg. |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700, PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |

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

| | |
|---|---|
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

| | |
|---|---|
| [ ] High risk of VTE | Routine, Once, PACU & Post-op |

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

| | |
|---|---|
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>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 Required)

| | |
|---|---|
| [ ] apixaban (ELIQUIS) tablet | 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op<br>Indications: VTE prophylaxis |
| [ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy | STAT, Until discontinued, Starting S<br>Indications: VTE prophylaxis |

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

| | |
|---|---|
| ( ) enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op<br>Indication(s): VTE Prophylaxis |
| ( ) enoxaparin (LOVENOX) syringe | 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op<br>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<br>For Patients with CrCL LESS than 30 mL/min.<br>Indication(s): VTE Prophylaxis |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.<br>Indication(s): VTE Prophylaxis |

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

**DVT 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/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" |

| | |
|---|---|
| ( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required) | |
| ( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) | |
| [ ] Moderate risk of VTE | Routine, Once, PACU & Post-op |
| [ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |
| [ ] Place sequential compression device (Single Response) | |

| | |
|---|---|
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

( ) Moderate Risk - Patient currently has an active 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 therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |

[ ] Place sequential compression device (Single Response)

| | |
|---|---|
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

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

| | |
|---|---|
| [ ] High risk of VTE | Routine, Once, PACU & Post-op |
| [ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |

[ ] Place sequential compression device (Single Response)

| | |
|---|---|
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

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

| | |
|---|---|
| [ ] High risk of VTE | Routine, Once, PACU & Post-op |
| [ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |

[ ] Place sequential compression device (Single Response)

| | |
|---|---|
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

( ) LOW Risk of DVT (Selection Required)

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

[ ] Low Risk (Single Response) (Selection Required)

| | |
|---|---|
| ( ) Low risk of VTE | Routine, Once<br>Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation<br>PACU & Post-op |

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above
Central line
History of DVT or family history of VTE
Anticipated length of stay GREATER than 48 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)

| | |
|---|---|
| [ ] Moderate risk of VTE | Routine, Once, PACU & Post-op |

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

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

| | |
|---|---|
| [ ] Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| [ ] Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

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

| | |
|---|---|
| [ ] Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| [ ] Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |

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

| | |
|---|---|
| ( ) enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op<br>Indication(s): VTE Prophylaxis |
| ( ) patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op<br>For Patients with CrCL LESS than 30 mL/min<br>Indication(s): VTE Prophylaxis |
| ( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min<br>Indication(s): VTE Prophylaxis |
| ( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min<br>Indication(s): VTE Prophylaxis |

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

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

| | |
|---|---|
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above
Central line
History of DVT or family history of VTE
Anticipated length of stay GREATER than 48 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)

| | |
|---|---|
| [ ] Moderate risk of VTE | Routine, Once, PACU & Post-op |

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

| | |
|---|---|
| ( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device | **"And" Linked Panel** |
| [ ] Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| [ ] Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| ( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis | **"And" Linked Panel** |

| | |
|---|---|
| [ ] Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| [ ] Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>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<br>Indication(s): VTE Prophylaxis |
| ( ) patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op<br>For Patients with CrCL LESS than 30 mL/min<br>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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min<br>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<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min<br>Indication(s): VTE Prophylaxis |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, PACU & Post-op<br>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<br>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<br>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<br>For patients with weight GREATER than 100 kg. |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700, PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |

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

| | |
|---|---|
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

| | |
|---|---|
| [ ] High risk of VTE | Routine, Once |

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

| | |
|---|---|
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s): |

( ) enoxaparin for VTE Prophylaxis (Single Response)

| | |
|---|---|
| ( ) enoxaparin (LOVENOX) 30 mg daily at 1700 | 30 mg, subcutaneous, daily at 1700<br>Indication(s): VTE Prophylaxis |
| ( ) enoxaparin (LOVENOX) 30 mg every 12 hours | 30 mg, subcutaneous, every 12 hours<br>Indication(s): VTE Prophylaxis |
| ( ) enoxaparin (LOVENOX) 40 mg daily at 1700 | 40 mg, subcutaneous, daily at 1700<br>Indication(s): VTE Prophylaxis |
| ( ) enoxaparin (LOVENOX) 40 mg every 12 hours | 40 mg, subcutaneous, every 12 hours<br>Indication(s): VTE Prophylaxis |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1<br>If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| ( ) heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM<br>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<br>For patients with weight GREATER than 100 kg. |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |

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

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

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

| | |
|---|---|
| [ ] High risk of VTE | Routine, Once, PACU & Post-op |

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

| | |
|---|---|
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |

| | |
|---|---|
| ( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required) | |
| ( ) enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op<br>Indication(s): VTE Prophylaxis |
| ( ) patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op<br>For Patients with CrCL LESS than 30 mL/min<br>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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min<br>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<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min<br>Indication(s): VTE Prophylaxis |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, PACU & Post-op<br>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.<br>Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.<br>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<br>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<br>For patients with weight GREATER than 100 kg. |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700, PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) (Selection Required) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

| | |
|---|---|
| [ ] High Risk (Selection Required) | |
| [ ] High risk of VTE | Routine, Once, PACU & Post-op |
| [ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required) | |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>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 Required) | |
| [ ] apixaban (ELIQUIS) tablet | 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op<br>Indications: VTE prophylaxis |
| [ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy | STAT, Until discontinued, Starting S<br>Indications: VTE prophylaxis |
| ( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required) | |
| ( ) enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op<br>Indication(s): VTE Prophylaxis |
| ( ) enoxaparin (LOVENOX) syringe | 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op<br>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<br>For Patients with CrCL LESS than 30 mL/min.<br>Indication(s): VTE Prophylaxis |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.<br>Indication(s): VTE Prophylaxis |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min<br>Indication(s): VTE Prophylaxis |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op<br>If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.<br>Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| ( ) heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op |
| ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op<br>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<br>For patients with weight GREATER than 100 kg. |
| ( ) Rivaroxaban and Pharmacy Consult (Selection Required) | |
| [ ] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission | 10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op<br>Indications: VTE prophylaxis |
| [ ] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy | STAT, Until discontinued, Starting S<br>Indications: VTE prophylaxis |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1, PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) (Selection Required) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

# Labs

**Labs 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**

| | | |
|---|---|---|
| [ ] | Knee 1 Or 2 Vw Left | Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU |
| [ ] | Knee 1 Or 2 Vw Right | Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU |
| [ ] | XR Tibia Fibula 2 Vw Left | Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences, PACU |
| [ ] | XR Tibia Fibula 2 Vw Right | Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences, PACU |

# Other Studies

# Respiratory

**Respiratory**

| | | |
|---|---|---|
| [ ] | Pulse oximetry | Routine, Continuous<br>Current FIO2 or Room Air:<br>And while patient in on PCA., Post-op |
| [ ] | Oxygen therapy | Routine, Continuous<br>Device: Nasal Cannula<br>Rate in liters per minute:<br>Rate in tenths of a liter per minute:<br>O2 %:<br>Titrate to keep O2 Sat Above: 90%<br>Indications for O2 therapy:<br>Post-op |
| [X] | Incentive spirometry | Routine, Every hour For 10 Occurrences<br>While awake. Respiratory to instruct at bedside and encourage cough and deep breathing exercises., Post-op |
| [ ] | CPAP | Routine, RT - At bedtime<br>Device Interface:<br>CPAP:<br>Mode:<br>Resp Rate (breaths/min):<br>EPAP (cm H2O):<br>O2 Bleed In (L/min):<br>% FiO2:<br>FiO2:<br>At bedside., Post-op |

# Rehab

# Consults

For Physician Consult orders use sidebar

**Physician Consults**

| | |
|---|---|
| [ ] Consult Hospitalist Medicine | Reason for Consult?<br>Patient/Clinical information communicated?<br>Patient/clinical information communicated? |

**HM IP ANCILLARY CONSULTS ORTHO TOTAL KNEE POST OP**

| | |
|---|---|
| [ ] Consult to Case Management | Consult Reason: Discharge Planning<br>Post-op, And post discharge equipment needs. Plan discharge on POD #2-3. |
| [ ] Consult to Social Work | Reason for Consult: Discharge Placement<br>Post-op, And post discharge equipment needs. Plan to discharge on POD #2-3. |
| [ ] Consult PT eval and treat | Special Instructions: evaluate equipment needs at discharge<br>Weight Bearing Status:<br>PACU & Post-op |
| [ ] Consult PT wound care | Special Instructions:<br>Location of Wound? |
| [ ] Consult OT eval and treat | Special Instructions: Instruct on use of hip kit.<br>Weight Bearing Status:<br>PACU & Post-op |
| [ ] Consult to Fracture Liaison Service | Clinical Indications:<br>Post-op |
| [ ] Consult to PT eval and treat | Reasons for referral to Physical Therapy (mark all applicable):<br>Are there any restrictions for positioning or mobility?<br>Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):<br>Weight Bearing Status:<br>PACU, Same day total knee replacement. Patient is a same day discharge |
| [ ] Consult to OT eval and treat | Reason for referral to Occupational Therapy (mark all that apply):<br>Are there any restrictions for positioning or mobility?<br>Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):<br>Weight Bearing Status:<br>Same day total knee replacement. Patient is a same day discharge |

## Additional Orders