Liver Surgery Post-op [2178]

	mmon Present on Admission Diagnosis	
]	Acidosis	Post-op
]	Acute Post-Hemorrhagic Anemia	Post-op
]	Acute Renal Failure	Post-op
1_	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
1	Sepsis	Post-op
]	Septic Shock	Post-op
]	Septicemia	Post-op
]	Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
]	Urinary Tract Infection, Site Not Specified	Post-op
le	ective Outpatient, Observation, or Admission (Single F	Response)
)	Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
)	Outpatient observation services under general	Admitting Physician:
	supervision	Patient Condition:
		Bed request comments: PACU & Post-op
)	Outpatient in a bed - extended recovery	Admitting Physician:
		Bed request comments: PACU & Post-op
)	Admit to inpatient	Admitting Physician:
		Level of Care:
		Patient Condition:
		Bed request comments:
		Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and
		progress notes, I expect that the patient will need hospital
		services for two or more midnights.

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

[] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[] Consult to Social Work	Reason for Consult: Post-op
() Modified Code	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: Post-op
] Treatment Restrictions ((For use when a patient is 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. Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op
solation	
] 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] Fall precautions	Post-op Increased observation level needed: Post-op
] Latex precautions	Post-op
] Seizure precautions	Increased observation level needed: Post-op
Nursing /ital Signs	
X] Vital signs - T/P/R/BP Per Unit Protocol	Routine, Per unit protocol, Post-op
] Telemetry	"And" Linked Panel
[] Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes Post-op
[] Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120

Head of bed 30 degrees	Routine, Until discontinued, Starting S
- •	Head of bed: 30 degrees
	If not contraindicated, Post-op
] Bed rest	Routine, Until discontinued, Starting S For 24 Hours
	Bathroom Privileges:
	Evening of surgery, Post-op
] Up in chair for meals	Routine, Until discontinued, Starting S
	Specify: Up in chair
	Additional modifier: for meals
	Post-op
] Ambulate POD 1	Routine, 3 times daily, Starting S+1
	Specify: in hall, with assistance
	Post-op
] Activity as tolerated	Routine, Until discontinued, Starting S
-	Specify: Activity as tolerated
	Post-op
	•
Nursing Care	
] Measure drainage	Routine, Every 8 hours
	Type of drain:
	Record output from drain every 8 hours and as needed,
	Post-op
] Intake and Output	Routine, Per unit protocol, Post-op
] Saline lock IV	Routine, Continuous
	When tolerating soft or regular diet, Post-op
] Bladder scan	Routine, As needed
.1	If patient does not void within 4 hours of urinary catheter
	removal, bladder scan and notify surgical team. , Post-op
Tubes and Drain Care	
	Routine, 2 times daily
Tubes and Drain Care Drain care	Routine, 2 times daily Drain 1:
	· · · · · · · · · · · · · · · · · · ·
	Drain 1:
	Drain 1: Drain 2: Drain 3:
	Drain 1: Drain 2: Drain 3: Drain 4:
	Drain 1: Drain 2: Drain 3: Drain 4: All Drains:
	Drain 1: Drain 2: Drain 3: Drain 4:
Drain care	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op
Drain care Remove Foley catheter	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op Routine, Once, Post-op
Drain care	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op
Drain care Remove Foley catheter	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op Routine, Once, Post-op Routine, Until discontinued, Starting S Rationale:
Drain care Remove Foley catheter Do not remove Foley	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op Routine, Once, Post-op Routine, Until discontinued, Starting S Rationale: Post-op
Drain care Remove Foley catheter	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op Routine, Once, Post-op Routine, Until discontinued, Starting S Rationale: Post-op Routine, Once
Drain care Remove Foley catheter Do not remove Foley	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op Routine, Once, Post-op Routine, Until discontinued, Starting S Rationale: Post-op Routine, Once Type:
Drain care Remove Foley catheter Do not remove Foley Nasogastric tube insertion	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op Routine, Once, Post-op Routine, Until discontinued, Starting S Rationale: Post-op Routine, Once Type: Post-op
Drain care Remove Foley catheter Do not remove Foley	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op Routine, Once, Post-op Routine, Until discontinued, Starting S Rationale: Post-op Routine, Once Type: Post-op Routine, Until discontinued, Starting S
Drain care Remove Foley catheter Do not remove Foley Nasogastric tube insertion	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op Routine, Once, Post-op Routine, Until discontinued, Starting S Rationale: Post-op Routine, Once Type: Post-op Routine, Until discontinued, Starting S Tube Care Orders:
Drain care Remove Foley catheter Do not remove Foley Nasogastric tube insertion Nasogastric tube maintenance	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op Routine, Once, Post-op Routine, Until discontinued, Starting S Rationale: Post-op Routine, Once Type: Post-op Routine, Until discontinued, Starting S Tube Care Orders: Post-op
Drain care Remove Foley catheter Do not remove Foley Nasogastric tube insertion	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op Routine, Once, Post-op Routine, Until discontinued, Starting S Rationale: Post-op Routine, Once Type: Post-op Routine, Until discontinued, Starting S Tube Care Orders: Post-op Routine, Until discontinued, Starting S Tube Care Orders: Post-op Routine, Until discontinued, Starting S
Drain care Remove Foley catheter Do not remove Foley Nasogastric tube insertion Nasogastric tube maintenance	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op Routine, Once, Post-op Routine, Until discontinued, Starting S Rationale: Post-op Routine, Once Type: Post-op Routine, Until discontinued, Starting S Tube Care Orders: Post-op Routine, Until discontinued, Starting S Tube Care Orders: Post-op Routine, Until discontinued, Starting S Drainage:
Drain care Remove Foley catheter Do not remove Foley Nasogastric tube insertion Nasogastric tube maintenance	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op Routine, Once, Post-op Routine, Until discontinued, Starting S Rationale: Post-op Routine, Once Type: Post-op Routine, Until discontinued, Starting S Tube Care Orders: Post-op Routine, Until discontinued, Starting S Tube Care Orders: Post-op Routine, Until discontinued, Starting S Drainage: Intervention:
Prain care Pr	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op Routine, Once, Post-op Routine, Until discontinued, Starting S Rationale: Post-op Routine, Once Type: Post-op Routine, Until discontinued, Starting S Tube Care Orders: Post-op Routine, Until discontinued, Starting S Tube Care Orders: Post-op Routine, Until discontinued, Starting S Drainage: Intervention: Post-op
Prain care Remove Foley catheter Do not remove Foley Nasogastric tube insertion Nasogastric tube maintenance Gastric tube maintenance	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op Routine, Once, Post-op Routine, Until discontinued, Starting S Rationale: Post-op Routine, Once Type: Post-op Routine, Until discontinued, Starting S Tube Care Orders: Post-op Routine, Until discontinued, Starting S Tube Care Orders: Post-op Routine, Until discontinued, Starting S Drainage: Intervention: Post-op Routine, Once
Prain care Pr	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op Routine, Once, Post-op Routine, Until discontinued, Starting S Rationale: Post-op Routine, Once Type: Post-op Routine, Until discontinued, Starting S Tube Care Orders: Post-op Routine, Until discontinued, Starting S Tube Care Orders: Post-op Routine, Until discontinued, Starting S Drainage: Intervention: Post-op Routine, Once Drainage:
Prain care Pr	Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Empty and record output every 8 hours and as needed, Post-op Routine, Once, Post-op Routine, Until discontinued, Starting S Rationale: Post-op Routine, Once Type: Post-op Routine, Until discontinued, Starting S Tube Care Orders: Post-op Routine, Until discontinued, Starting S Tube Care Orders: Post-op Routine, Until discontinued, Starting S Drainage: Intervention: Post-op Routine, Once

[] Al. I' I I '. I	
[] Abdominal binder	Routine, Once
	Waking hours only?
	Nurse to schedule?
	Special Instructions:
	Post-op
[X] Surgical/incision site care	Routine, Every 12 hours
[X] Surgical/incision site care	Location:
	Site:
	Apply:
	Dressing Type:
	Open to air?
	Removed surgical dressing at 24 hours post-op. After
	removal, wound, tube, and drain care every 12 hours and as
	needed. , Post-op
[] Wound care orders	Routine, Every 12 hours
	Location:
	Site:
	Irrigate wound?
	Apply:
	Dressing Type:
	Post-op
[] Provide equipment / supplies at bedside	Routine, Once
	Supplies:
	Post-op
[] Consult to Wound Ostomy Care Nurse	Reason for consult:
[] contains a contains contains	Reason for consult:
	Reason for consult:
	Reason for consult:
	Consult for NPWT:
	Reason for consult:
	Reason for consult:
	Post-op
Notify	
•	
[X] Notify Physician for vitals:	Routine, Until discontinued, Starting S
	Temperature greater than:
	-
	Temperature less than:
	·
	Systolic BP greater than: 160
	Systolic BP greater than: 160 Systolic BP less than: 110
	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than:
	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than:
	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60
	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100
	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60
	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 30
	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: 10
	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 30
	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: 10
[X] Notify Physician if urine output is less than:	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: 10 SpO2 less than: 92 Post-op
[X] Notify Physician if urine output is less than:	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: 10 SpO2 less than: 92 Post-op Routine, Until discontinued, Starting S, 30 milliliters/hour or
	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: 10 SpO2 less than: 92 Post-op Routine, Until discontinued, Starting S, 30 milliliters/hour or less than 250 milliliters/8 hours, Post-op
[X] Notify Physician if urine output is less than: [X] Notify Surgeon	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: 10 SpO2 less than: 92 Post-op Routine, Until discontinued, Starting S, 30 milliliters/hour or less than 250 milliliters/8 hours, Post-op Routine, Until discontinued, Starting S, And perform bladder
	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: 10 SpO2 less than: 92 Post-op Routine, Until discontinued, Starting S, 30 milliliters/hour or less than 250 milliliters/8 hours, Post-op Routine, Until discontinued, Starting S, And perform bladder scan if patient does not void within 4 hours of urinary catheter
[X] Notify Surgeon	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: 10 SpO2 less than: 92 Post-op Routine, Until discontinued, Starting S, 30 milliliters/hour or less than 250 milliliters/8 hours, Post-op Routine, Until discontinued, Starting S, And perform bladder scan if patient does not void within 4 hours of urinary catheter removal removal., Post-op
	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: 10 SpO2 less than: 92 Post-op Routine, Until discontinued, Starting S, 30 milliliters/hour or less than 250 milliliters/8 hours, Post-op Routine, Until discontinued, Starting S, And perform bladder scan if patient does not void within 4 hours of urinary catheter removal removal., Post-op Routine, Until discontinued, Starting S, Saturated surgical
[X] Notify Surgeon	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: 10 SpO2 less than: 92 Post-op Routine, Until discontinued, Starting S, 30 milliliters/hour or less than 250 milliliters/8 hours, Post-op Routine, Until discontinued, Starting S, And perform bladder scan if patient does not void within 4 hours of urinary catheter removal removal., Post-op
[X] Notify Surgeon [X] Notify Physician for	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: 10 SpO2 less than: 92 Post-op Routine, Until discontinued, Starting S, 30 milliliters/hour or less than 250 milliliters/8 hours, Post-op Routine, Until discontinued, Starting S, And perform bladder scan if patient does not void within 4 hours of urinary catheter removal removal., Post-op Routine, Until discontinued, Starting S, Saturated surgical
[X] Notify Surgeon [X] Notify Physician for Diet	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: 10 SpO2 less than: 92 Post-op Routine, Until discontinued, Starting S, 30 milliliters/hour or less than 250 milliliters/8 hours, Post-op Routine, Until discontinued, Starting S, And perform bladder scan if patient does not void within 4 hours of urinary catheter removal removal., Post-op Routine, Until discontinued, Starting S, Saturated surgical dressing, active bleeding, or change in condition, Post-op
[X] Notify Surgeon [X] Notify Physician for	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: 10 SpO2 less than: 92 Post-op Routine, Until discontinued, Starting S, 30 milliliters/hour or less than 250 milliliters/8 hours, Post-op Routine, Until discontinued, Starting S, And perform bladder scan if patient does not void within 4 hours of urinary catheter removal removal., Post-op Routine, Until discontinued, Starting S, Saturated surgical dressing, active bleeding, or change in condition , Post-op Diet effective now, Starting S
[X] Notify Surgeon [X] Notify Physician for Diet	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: 10 SpO2 less than: 92 Post-op Routine, Until discontinued, Starting S, 30 milliliters/hour or less than 250 milliliters/8 hours, Post-op Routine, Until discontinued, Starting S, And perform bladder scan if patient does not void within 4 hours of urinary catheter removal removal., Post-op Routine, Until discontinued, Starting S, Saturated surgical dressing, active bleeding, or change in condition , Post-op Diet effective now, Starting S NPO:
[X] Notify Surgeon [X] Notify Physician for Diet	Systolic BP greater than: 160 Systolic BP less than: 110 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: 10 SpO2 less than: 92 Post-op Routine, Until discontinued, Starting S, 30 milliliters/hour or less than 250 milliliters/8 hours, Post-op Routine, Until discontinued, Starting S, And perform bladder scan if patient does not void within 4 hours of urinary catheter removal removal., Post-op Routine, Until discontinued, Starting S, Saturated surgical dressing, active bleeding, or change in condition , Post-op Diet effective now, Starting S

[] NPO except ice chips and sips with meds	Diet effective now, Starting S
	NPO: Except Ice chips,Except Sips with meds
	Pre-Operative fasting options:
	Post-op
[] Diet- Clear liquid advance as tolerated to Heart Healthy	Diet effective now, Starting S
	Diet(s): Clear Liquids
	Advance Diet as Tolerated? Yes
	Target Diet: Heart Healthy Diet
	Advance target diet criteria:
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
[] Diet - Regular	Diet effective now, Starting S
	Diet(s): Regular
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
[] Diet- 2000 Kcal/225 gm Carbohydrate	Diet effective now, Starting S
11 2.00 2000 Noa#220 gill Odibollydidto	Diet(s): 2000 Kcal/225 gm Carbohydrate
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
Education	
[] Patient education-Activity	Routine, Once
	Patient/Family: Both
	Education for: Activity
	Review Patient Activity Guidelines with patient and family,
	Post-op
[] Patient education- Wound/Incision Care	Routine, Once
	Patient/Family: Both
	Education for: Other (specify)
	Specify: Wound/Incision Care
	Post-op
[X] Patient education- Discharge	Routine, Once
	Patient/Family: Both
	Education for: Discharge
	Review discharge instructions with patient and family and
	provide a copy to patient., Post-op
	· · · · · · · · · · · · · · · · · · ·
IV Fluids	
Maintenance IV Fluids	
[] dextrose 5 % and sodium chloride 0.45 % with	100 mL/hr, intravenous, continuous, Post-op
potassium chloride 20 mEq/L infusion	
[] lactated Ringer's infusion	100 mL/hr, intravenous, continuous, Post-op
sodium chloride 0.9 % infusion	100 mL/hr, intravenous, continuous, Post-op
[] sodium chloride 0.9 % with potassium chloride 20 mEq/L	100 mL/hr, intravenous, continuous, Post-op
infusion	,
[] sodium chloride 0.45 % with potassium chloride 20	100 mL/hr, intravenous, continuous, Post-op
mEq/L infusion	. 33 industrational, continuous, i out op
9/ =4015	

Medications

Antibiotics

[1] pipergeillin tozohostom (ZOCVNI) IV	
[] piperacillin-tazobactam (ZOSYN) IV	3.375 g, intravenous, every 6 hours, Post-op Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
[] vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, every 12 hours, Post-op Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
[] meropenem (MERREM) IV	500 mg, intravenous, every 6 hours, Post-op Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
[] fluconazole (DIFLUCAN) IV	200 mg, intravenous, for 60 Minutes, daily, Post-op Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Reason for Therapy:
[] metronidazole (FLAGYL)	500 mg, intravenous, for 30 Minutes, every 8 hours, Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Reason for Therapy:
[] ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, every 12 hours, Post-op Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
	reason for merapy.
Stress Ulcer Prophylaxis (Single Response)	Reason for merapy.
Stress Ulcer Prophylaxis (Single Response) () pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily, Post-op If nasogastric tube is placed.
	40 mg, oral, daily, Post-op If nasogastric tube is placed. Indication(s) for Proton Pump Inhibitor (PPI) Therapy: 40 mg, intravenous, daily, Post-op If nasogastric tube is placed. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
() pantoprazole (PROTONIX) EC tablet () pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9	40 mg, oral, daily, Post-op If nasogastric tube is placed. Indication(s) for Proton Pump Inhibitor (PPI) Therapy: 40 mg, intravenous, daily, Post-op If nasogastric tube is placed. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are
() pantoprazole (PROTONIX) EC tablet () pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, oral, daily, Post-op If nasogastric tube is placed. Indication(s) for Proton Pump Inhibitor (PPI) Therapy: 40 mg, intravenous, daily, Post-op If nasogastric tube is placed. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy: 20 mg, oral, daily, Post-op
() pantoprazole (PROTONIX) EC tablet () pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection () omeprazole (PRILOSEC) suspension	40 mg, oral, daily, Post-op If nasogastric tube is placed. Indication(s) for Proton Pump Inhibitor (PPI) Therapy: 40 mg, intravenous, daily, Post-op If nasogastric tube is placed. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy: 20 mg, oral, daily, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
() pantoprazole (PROTONIX) EC tablet () pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection () omeprazole (PRILOSEC) suspension Beta Blockers (Single Response)	40 mg, oral, daily, Post-op If nasogastric tube is placed. Indication(s) for Proton Pump Inhibitor (PPI) Therapy: 40 mg, intravenous, daily, Post-op If nasogastric tube is placed. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy: 20 mg, oral, daily, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

[] acetaminophen (OFIRMEV) injection	1,000 mg, intravenous, for 15 Minutes, once, For 1 Doses, Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
	IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate ora per tube, or rectal routes of administration. Do you attest that this restriction has been met?
Mild Pain (Pain Score 1-3) (Single Response)	
() acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
() acetaminophen-codeine (TYLENOL #3) 300-30 r tablet	Post-op The use of codeine-containing products is contraindicated in
	patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
() traMADol (ULTRAM) tablet	50 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op
Moderate Pain (Pain Score 4-6) (Single Response)
HYDROcodone-acetaminophen (NORCO) 5-325 tablet	mg per 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
() traMADol (ULTRAM) tablet	100 mg, oral, every 8 hours PRN, moderate pain (score 4-6), Post-op
() oxyCODone (ROXICODONE) immediate release	•
Oral for Severe Pain (Pain Score 7-10) (Single Re	sponse)
() HYDROcodone-acetaminophen (NORCO 10-325 10-325 mg per tablet	5) 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op
() oxyCODone (ROXICODONE) immediate release	tablet 7.5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op
IV for Severe Pain (Pain Score 7-10) (Single Resp	onse)
() fentaNYL (SUBLIMAZE) injection	intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op
() hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
() morPHINE injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
PCA Medications - Not HMSJ (Single Response)	
() fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders	
[] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 m Response)	L (Single
() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL	Nurse Loading Dose: Not Ordered PCA Dose: 10
PCA solution for Opioid Naive	mcg Lockout: 10 Minutes Four Hour Dose Limit: 150 mcg intravenous, continuous
	For breakthrough pain: Administer only if respiratory rate 12 per minute
	or more and POSS level of 2 or less. RN may bolus *** every *** hours
	as needed. If pain persists, may increase PCA demand dose by *** mo ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
	Adjust doses for age, renal function or other factors.
[] Nursing PCA Orders	rajust decee for age, fortal fulletion of other factors.

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

[]	PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume).
[]	Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA
[]	Pasero Opioid-induced Sedation Scale	by proxy. Only the patient may press the dosing button. Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4.
[]	Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber 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 - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention
	IV Fluids for provision of PCA Therapy (Single Response)	,
()	sodium chloride 0.9 % infusion dextrose 5% infusion	30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous
() mc	orPHINE PCA 30 mg/30 mL + Nursing PCA Orde	
	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 PCA Dose: 1 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 20 mg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
<u></u>	Nursing DCA Ordoro	Adjust doses for age, renal function or other factors.
	Nursing PCA Orders Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change
[]	PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume).
[]	Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button.

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

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

[] 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 - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - 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 Or	
[] morPHINE PCA 30 mg/30 mL (Single Respon	
() morPHINE PCA 30 mg/30 mL in sodium chloride 0.9% for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 20 mg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
	Adjust doses for age, renal function or other factors.
[] Nursing PCA Orders	Pouting Par unit protocol
[] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change
[] PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button.
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4.
[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber 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 - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention
[] IV Fluids for provision of PCA Therapy (Single	
Response)	OO and the distance of the control o
() sodium chloride 0.9 % infusion () dextrose 5% infusion	30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous
C UEXILOSE J /0 ILIUSIUII	JU IIIL/III. IIIII AVEITUUJ. TUITIII IUUUJ

Antiemetics - HMH, HMSJ, HMW, HMSTC Only

[X] ondansetron (ZOFRAN) IV or Oral (Selection Req	uired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op
	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IV or Oral or Recta	Or" Linked Panel
[X] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
	tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate
	oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMSL, HMWB Only

[X] ondansetron (ZOFRAN) IV or Oral (Selection R	Required) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
	<u> </u>
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	
	Give if patient is UNable to tolerate oral medication OR if a faster onset of
	action is required.
[X] promethazine (PHENERGAN) IV or Oral or Re	ctal "Or" Linked Panel
[X] promethazine (PHENERGAN) IV or Oral or Re[X] promethazine (PHENERGAN) injection	ctal "Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU &
	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op
	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU &

oral medication.

tolerate oral medication.

Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate

12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op

Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to

Antiemetics - HMSTJ Only

[X] promethazine (PHENERGAN) suppository

[X] ondansetron (ZOFRAN) IV or Oral (Selection Red	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op
	Give if patient is UNable to tolerate oral medication OR if a faster onset of
	action is required.
[X] promethazine (PHENERGAN) IVPB or Oral or Re	ectal "Or" Linked Panel

[74] endanosaen (Een talat) ning/2 me mjesaen	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IVPB or Oral or Re	ectal "Or" Linked Panel
[X] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to

tolerate oral medication.

Bowel Care

[]	sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly PRN, constipation, Post-op
1 [simethicone (MYLICON) chewable tablet	160 mg, oral, 4 times daily PRN, flatulence, Post-on

docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Post-op
magnesium hydroxide suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISE	30 mL, oral, every 12 hours PRN, constipation, Post-op Do not give if patient is on hemodialysis or is in chronic rena
STAGE 3 OR GREATER	failure.
bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation, Post-op
bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op
ching: For Patients GREATER than 77 years old	(Single Response)
cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
,	
ching: For Patients between 70-76 years old (Sin	
cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
ching: For Patients LESS than 70 years old (Sing	gle 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 80 mL/min, reduce frequency to once daily as need	
nsomnia: Ramelteon For Patients GREATER than	-
(] ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
nsomnia: For Patients LESS than 70 years old (Si	ingle Response)
) zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
) ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
VT Risk and Prophylaxis Tool (Single Response)) (Selection Required) URL:
TE VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions	
VT Risk and Prophylaxis Tool (Single Response)	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients Patient currently has an active order for therapeut	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" tic
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" tic
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" tic fication
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Selection Required)	URL: "\\appt1\epicappprod\\Restricted\\OrderSets\\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" tic fication
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active	URL: "\\appt1\epicappprod\\Restricted\\OrderSets\\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" tic fication
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired)	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" tic fication e order for Selection
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" tic fication e order for Selection Routine, Once, PACU & Post-op
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" tic fication order for Selection Routine, Once, PACU & Post-op Routine, Once
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE	URL: "\\appt1\epicappprod\\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" tic fication e order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single)	URL: "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" tic fication Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response)
PVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	URL: "\\appt1\epicappprod\\Restricted\\OrderSets\\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" tic fication Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single)	URL: "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" tic fication Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response)
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical	URL: "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" tic fication Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single ()) Contraindications exist for mechanical prophylaxis	URL: "\\appt1\epicappprod\\Restricted\\OrderSets\\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" tic fication Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous	URL: "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" tic fication Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active	URL: "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" tic fication Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous	URL: "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" tic fication Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op

[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) 	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	·
() Contraindications exist for mechanical	Routine, Once
`´ prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fa	actors
[] Low Risk (Single Response) (Selection Requi	
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
() MODERATE Risk of DVT - Surgical (Selection R	·

Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required	Surgical
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic propand AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
MODERATE Risk of DVT - Non-Surgical (Selection	on

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

() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1,
CrCl GREATER than 30 mL/min	PACU & Post-op
	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1,
CrCl GREATER than 30 mL/min	PACU & Post-op
	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT), do NOT order this
	medication. Contraindicated in patients LESS than 50kg, prior to
	surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs) () HEParin (porcine) injection - For Patients	than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op
() Discourse of the management of the managemen	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se	
Required)	
() Contraindications exist for mechanical	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
prophylaxis	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	·
() HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis	must be addressed
One or more of the following medical conditions:	must be addressed.
Thrombophilia (Factor V Leiden, prothrombin varia	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	yeloproliferative disorders)
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgio	·
(Single Response) (Selection Required)	an anom
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
() enoxaparin for VTE Prophylaxis (Single Respo	contraindication(s):
() Chorapanin for VIL i Tophlylaxis (Single Nespo	7100/

() enoxaparin (LOVENOX) 30 mg daily at 1700	30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis
	· / · · · ·
() enoxaparin (LOVENOX) 30 mg every 12 hours	30 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis
	· / · · · ·
() enoxaparin (LOVENOX) 40 mg daily at 1700	40 mg, subcutaneous, daily at 1700
	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) 40 mg every 12	40 mg, subcutaneous, every 12 hours
hours	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
() Wallaliii (OCOW/IDIIV) tablet	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	election
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
) HIGH Risk of DVT - Non-Surgical (Selection Req	uired)

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-S Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Respondent (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis

() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio Required)	on
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	s must be addressed.
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; n	s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari	s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; no Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas	s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; no Severe fracture of hip, pelvis or legoracte spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER	s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; no Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas	s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C

[] 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 No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op	
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op	
() Apixaban and Pharmacy Consult (Selection F	Required)	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op	

Indications: VTE prophylaxis

[]	Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
	enoxaparin (LOVENOX) injection (Single Response (Selection Required)	onse)
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
()	enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACL & Post-op Indication(s): VTE Prophylaxis
()	enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
()	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, PACL & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. Indication(s): VTE Prophylaxis
()	enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCI GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACL & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() f	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() h	neparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
f	neparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
	HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
` '	Rivaroxaban and Pharmacy Consult (Selection Required)	· · · · · · · · · · · · · · · · · · ·
	rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[]	Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() \	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
(Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] M	lechanical Prophylaxis (Single Response) (Sele equired)	ction
		Routine, Once
() (Contraindications exist for mechanical prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op

DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions

URL:

"\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"

URL:

"https://formweb.com/files/houstonmethodist/documents/C

Anticoagulation Guide for COVID patients

	Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification	
(Single Response) (Se		odion -
	tient currently has an active	order for
	gulant or VTÉ prophylaxis (S	
Required)	3	
[] Moderate risk of V	TE	Routine, Once, PACU & Post-op
[] Patient currently h	as an active order for	Routine, Once
therapeutic antico		No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis		therapeutic anticoagulation for other indication.
		Therapy for the following:
		PACU & Post-op
	compression device (Single R	
· /	s exist for mechanical	Routine, Once
prophylaxis		No mechanical VTE prophylaxis due to the following
		contraindication(s):
() Place/Maintain a	aguantial compression	PACU & Post-op
device continuou	equential compression	Routine, Continuous, PACU & Post-op
	tient currently has an active of	order for
	gulant or VTE prophylaxis (S	
Required)	ga.a 0. 1 p. op).a (0	
[] Moderate risk of V	TE	Routine, Once, PACU & Post-op
[] Patient currently h	as an active order for	Routine, Once
therapeutic antico	agulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis		therapeutic anticoagulation for other indication.
		Therapy for the following:
		PACU & Post-op
	compression device (Single F	, ,
	s exist for mechanical	Routine, Once
prophylaxis		No mechanical VTE prophylaxis due to the following
		contraindication(s):
/ \ Dia aa /Maintain a		PACU & Post-op
device continuou	equential compression	Routine, Continuous, PACU & Post-op
	currently has an active order	
•	gulant or VTE prophylaxis (S	election
Required)		
[] High risk of VTE		Routine, Once, PACU & Post-op
,	as an active order for	Routine, Once
therapeutic antico	agulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis		therapeutic anticoagulation for other indication.
		Therapy for the following:
[] Disconsisted	omenuosian davias (Cinals F	PACU & Post-op
_	compression device (Single R s exist for mechanical	Routine, Once
prophylaxis	s exist for mechanical	No mechanical VTE prophylaxis due to the following
propriylaxis		contraindication(s):
		PACU & Post-op
() Place/Maintain s	equential compression	Routine, Continuous, PACU & Post-op
device continuou		Troumb, Commucus, 17100 a 1 oot op
() High Risk - Patient	currently has an active order	for
therapeutic anticoa	gulant or VTE prophylaxis (S	election
Required)		
[] High risk of VTE		Routine, Once, PACU & Post-op
	as an active order for	Routine, Once
therapeutic antico	agulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis		therapeutic anticoagulation for other indication.
		Therapy for the following:
[1 Dloop opening!:-1 -	compression device (Cinale F	PACU & Post-op
i i Piace seguential d	compression device (Single R	(6200126)

() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fac	etors
[] Law Bigle (Circula Boomers) (Colortica Boomiss	1\
[] Low Risk (Single Response) (Selection Require() Low risk of VTE	
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
MODERATE Risk of DVT - Surgical (Selection Re	·
Moderate Risk Definition	¬
	lechanical prophylaxis is optional unless pharmacologic is
CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous, leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hour	rs
Less than fully and independently ambulatory Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
., 9. ,	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
-	Surgical
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required) () Contraindications exist for pharmacologic properties of Sequential Compression device 	Surgical) phylaxis "And" Linked Panel
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prop BUT order Sequential compression device [] Contraindications exist for pharmacologic 	Surgical) phylaxis "And" Linked Panel Routine, Once
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required) () Contraindications exist for pharmacologic properties of Sequential Compression device 	Routine, Once No pharmacologic VTE prophylaxis due to the following
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prop BUT order Sequential compression device [] Contraindications exist for pharmacologic 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required) () Contraindications exist for pharmacologic properties and services [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression 	Surgical Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required) () Contraindications exist for pharmacologic properties of Sequential Compression device [] Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Chylaxis "And" Linked Panel
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required) () Contraindications exist for pharmacologic properties but order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic properties 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required) () Contraindications exist for pharmacologic proper BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic proper AND mechanical prophylaxis [] Contraindications exist for pharmacologic 	Surgical Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required) () Contraindications exist for pharmacologic proper BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic proper AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis 	Surgical Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Sequential (Single Response) (Selection Required) () Contraindications exist for pharmacologic properties but order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic properties AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical 	Surgical Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required) () Contraindications exist for pharmacologic proper BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic proper AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis 	Surgical Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Sequential (Single Response) (Selection Required) () Contraindications exist for pharmacologic properties but order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic properties AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical 	Surgical Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required) () Contraindications exist for pharmacologic proper BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic proper AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis [] Contraindications exist for mechanical prophylaxis 	Surgical Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required) () Contraindications exist for pharmacologic proper BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic proper AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis 	Burgical Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op PACU & Post-op Poonse) 40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Sequential (Single Response) (Selection Required) () Contraindications exist for pharmacologic proper BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic proper AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Response) 	Burgical Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op PACU & Post-op Ponse)

() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU
CrCl GREATER than 30 mL/min	& Post-op
	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op
()	If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
with weight GREATER than 100 kg	Post-op For notice to with weight CREATER than 100 kg
() warfarin (COUMADIN) tablet	For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1, PACU & Post-op
() Wallalin (000M) Ent) lablet	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() MODERATE Risk of DVT - Non-Surgical (Selection Required)	on
Moderate Risk Definition	
	Mechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
stroke, rheumatologic disease, sickle cell disease Age 60 and above	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory	irs
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)	ction
Required) () Contraindications exist for pharmacologic pro	phylaxis - "And" Linked Panel
() Sommandications exist for priarriacologic pro	Priyado Alia Elinoa i anoi

Order Sequential compression device

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin 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 - Surgi (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin for VTE Prophylaxis (Single Resp	onse)
() enoxaparin (LOVENOX) 30 mg daily at 1700	30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) 30 mg every 12 hours	30 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) 40 mg daily at 1700	40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) 40 mg every 12 hours	40 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() 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-Su Patient (Single Response) (Selection Required)	urgical
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Responsable (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)	D. C. DAGUADA
[] High risk of VTE	Routine, Once, PACU & Post-op
 High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Responsi (Selection Required) 	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection F	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PAC & Post-op Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PAC & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PAC & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU 8 Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selectic Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
abs	
abs Today	
CBC with platelet and differential NOW AND IN 6 HOURS	Every 6 hours, Starting S with First Occurrence Include Now, Post-op
CBC with platelet and differential	STAT For 1 Occurrences, Post-op
Prothrombin time with INR	STAT For 1 Occurrences, Post-op
Partial thromboplastin time	STAT For 1 Occurrences, Post-op
Basic metabolic panel	STAT For 1 Occurrences, Post-op
Comprehensive metabolic panel	STAT For 1 Occurrences, Post-op
Magnesium level	STAT For 1 Occurrences, Post-op
Phosphorus level	STAT For 1 Occurrences, Post-op
Hepatic function panel	STAT For 1 Occurrences, Post-op
LDH	STAT For 1 Occurrences, Post-op
abs Recurring x 3 Start POD 1	
CBC with platelet and differential	AM draw repeats, Starting S+1 For 3 Days, Post-op
Prothrombin time with INR	AM draw repeats, Starting S+1 For 3 Days, Post-op
Partial thromboplastin time	AM draw repeats, Starting S+1 For 3 Days, Post-op
Basic metabolic panel	AM draw repeats, Starting S+1 For 3 Days, Post-op
Comprehensive metabolic panel	AM draw repeats, Starting S+1 For 3 Days, Post-op
Magnesium level	AM draw repeats, Starting S+1 For 3 Days, Post-op
Phosphorus level	AM draw repeats, Starting S+1 For 3 Days, Post-op
Hepatic function panel	AM draw repeats, Starting S+1 For 3 Days, Post-op
] LDH	AM draw repeats, Starting S+1 For 3 Days, Post-op
abs Every Monday x 3	
C-reactive protein	Every Monday For 3 Occurrences, Post-op
Prealbumin level	Every Monday For 3 Occurrences, Post-op
rterial Blood Gas	
Arterial blood gas ONCE POD 1	Once, Starting S+1, Post-op
Cardiology	

X-Ray

[] XR Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1, Post-op
[] XR Abdomen 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1, Post-op
Other Studies	
Respiratory	
Respiratory	
[X] Incentive spirometry	Routine, Every hour For 999 Occurrences 10 times per hour, Post-op
[X] Encourage deep breathing and coughing	Routine, Every 2 hours For 999 Occurrences, Post-op
[X] Oxygen therapy	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Rate in tenths of a liter per minute: O2 %: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Post-op
Rehab	
Consults For Physician Consult orders use sidebar Ancillary Consults	
[] Consult to Case Management	Consult Reason: Post-op
[] Consult to Social Work	Reason for Consult: Post-op
[] Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Post-op
[] Consult PT wound care	Special Instructions: Location of Wound? Post-op
[] Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Post-op
[] Consult to Nutrition Services	Reason For Consult? Purpose/Topic: Post-op
[] Consult to Spiritual Care	Reason for consult? Post-op
[] Consult to Speech Language Pathology	Routine, Once Reason for consult: Reason for SI P?

Reason for SLP?

Post-op

[] Consult to Wound Ostomy Care Nurse	Reason for consult:	
	Reason for consult:	
	Reason for consult:	
	Reason for consult:	
	Consult for NPWT:	
	Reason for consult:	
	Reason for consult:	
	Post-op	
[] Consult to Respiratory Therapy	Reason for Consult?	
	Post-op	
Additional Orders		