# Lower Extremity Fracture Post-Op [1834]

General	
Common Present on Admission Diagnosis	
Acidosis	Post-op
Acute Post-Hemorrhagic Anemia	Post-op
1 Acute Renal Failure	Post-op
Acute Respiratory Failure	Post-op
Acute Thromboembolism of Deep Veins of Lower	Post-op
Extremities	1 55. 55
] Anemia	Post-op
] Bacteremia	Post-op
Bipolar disorder, unspecified	Post-op
] Cardiac Arrest	Post-op
] Cardiac Dysrhythmia	Post-op
] Cardiogenic Shock	Post-op
] Decubitus Ulcer	Post-op
Dementia in Conditions Classified Elsewhere	Post-op
Disorder of Liver	Post-op
] Electrolyte and Fluid Disorder	Post-op
Intestinal Infection due to Clostridium Difficile	Post-op
Methicillin Resistant Staphylococcus Aureus Infection	Post-op
Obstructive Chronic Bronchitis with Exacerbation	Post-op
Other Alteration of Consciousness	Post-op
Other and Unspecified Coagulation Defects	Post-op
Other Pulmonary Embolism and Infarction	Post-op
Phlebitis and Thrombophlebitis	Post-op
Protein-calorie Malnutrition	Post-op
Psychosis, unspecified psychosis type	Post-op
] Schizophrenia Disorder	Post-op
] Sepsis	Post-op
] Septic Shock	Post-op
] Septicemia	Post-op
Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
Urinary Tract Infection, Site Not Specified	Post-op
The state of the s	Barranas)
lective Outpatient Observation or Admission (Single)	Resnonsei
lective Outpatient, Observation, or Admission (Single I	
) Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
Elective outpatient procedure: Discharge following routine recovery     Outpatient observation services under general	Routine, Continuous, PACU & Post-op  Admitting Physician:
) Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op  Admitting Physician: Patient Condition:
Elective outpatient procedure: Discharge following routine recovery     Outpatient observation services under general	Routine, Continuous, PACU & Post-op  Admitting Physician: Patient Condition: Bed request comments:
Elective outpatient procedure: Discharge following routine recovery     Outpatient observation services under general supervision	Routine, Continuous, PACU & Post-op  Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
Elective outpatient procedure: Discharge following routine recovery     Outpatient observation services under general	Routine, Continuous, PACU & Post-op  Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op Admitting Physician:
Elective outpatient procedure: Discharge following routine recovery     Outpatient observation services under general supervision	Routine, Continuous, PACU & Post-op  Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op Admitting Physician: Bed request comments:
Elective outpatient procedure: Discharge following routine recovery     Outpatient observation services under general supervision  Outpatient in a bed - extended recovery	Routine, Continuous, PACU & Post-op  Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op Admitting Physician: Bed request comments: PACU & Post-op
Elective outpatient procedure: Discharge following routine recovery     Outpatient observation services under general supervision	Routine, Continuous, PACU & Post-op  Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician:
Elective outpatient procedure: Discharge following routine recovery     Outpatient observation services under general supervision  Outpatient in a bed - extended recovery	Routine, Continuous, PACU & Post-op  Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Level of Care:
Elective outpatient procedure: Discharge following routine recovery     Outpatient observation services under general supervision  Outpatient in a bed - extended recovery	Routine, Continuous, PACU & Post-op  Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Level of Care: Patient Condition:
Elective outpatient procedure: Discharge following routine recovery     Outpatient observation services under general supervision  Outpatient in a bed - extended recovery	Routine, Continuous, PACU & Post-op  Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Level of Care: Patient Condition: Bed request comments:
Elective outpatient procedure: Discharge following routine recovery     Outpatient observation services under general supervision  Outpatient in a bed - extended recovery	Routine, Continuous, PACU & Post-op  Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen
Elective outpatient procedure: Discharge following routine recovery     Outpatient observation services under general supervision  Outpatient in a bed - extended recovery	Routine, Continuous, PACU & Post-op  Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Level of Care: Patient Condition:
Elective outpatient procedure: Discharge following routine recovery     Outpatient observation services under general supervision  Outpatient in a bed - extended recovery	Routine, Continuous, PACU & Post-op  Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op Admitting Physician: Bed request comments: PACU & Post-op Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and
Elective outpatient procedure: Discharge following routine recovery     Outpatient observation services under general supervision  Outpatient in a bed - extended recovery	Routine, Continuous, PACU & Post-op  Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op Admitting Physician: Bed request comments: PACU & Post-op Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital

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 (Single Response)	
() Full code	Code Status decision reached by: Post-op
() DNR (Do Not Resuscitate) (Selection Required)	ι σσι σρ
[] 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))	NOT I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.  Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op
Isolation	
[] Airborne isolation status	
Airborne isolation status     Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Details Once, Sputum, Post-op
[] Contact isolation status	Details
Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Post-op
[X] Fall precautions	Increased observation level needed: Post-op
[] Latex precautions	Post-op
[] Seizure precautions	Increased observation level needed: Post-op
[] Hip precautions - Anterior	Precaution: Anterior. , Post-op
[] Hip precautions - Posterior	Precaution: Posterior. , Post-op
Nursing	
Vital Signs	
[] Vital signs - T/P/R/BP (Q15min)	Routine, Every 15 min For 999 Occurrences Times 4, then every 30 minutes times 4, then every hour times 4, then every 4 hours times 24 hours, then every 8 hours if stable.,
[] Vital signs - T/P/R/BP (Q4 hours)	PACU & Post-op  Routine, Every 4 hours, Post-op
Activity	
[] Up with assistance	Routine, As needed
	Specify: Up with assistance Post-op
[] Bed rest	Routine, Until discontinued, Starting S, Post-op
[] Weight bearing	Routine, Until discontinued, Starting S Weight Bearing Status: Extremity: Post-op
[] Up in chair	Routine, As needed Specify: Up in chair Additional modifier: for meals For all meals as tolerated. Post-op

[] Ambulate patient	Routine, Every shift Specify: Day of surgery, Post-op
Equipment	
[] Abduction pillow while in bed	Routine, Once Special Instructions: Post-op
[] Overhead frame trapeze	Routine, Once Special Instructions: Post-op
[] Commode at bedside	Routine, Once For total hip arthroplasty, Post-op
[] Obtain a hip abduction brace	Routine, Until discontinued, Starting S Set Flexion to *** degrees and Abduction to *** degrees., Post-op
[] Knee immobilizer	Routine, Once Left/Right: Sizes: Gender Size: Special Instructions: when out of bed Post-op
Nursing Assessments	
[X] Peripheral vascular assessment	Routine, Per unit protocol Until discharge., Post-op
Nursing Interventions	
[] Intake and output	Routine, Every shift For 48 Hours, Post-op
[] Insert and Maintain Foley	
[] Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: If unable to void., Post-op
[] Foley Catheter Care	Routine, Until discontinued, Starting S For 48 Hours Orders: to gravity Post-op
[] Remove Foley catheter	Routine, Once, Starting S+1 Post-op day 1., Post-op
[] Place antiembolic stockings	Routine, Once, PACU & Post-op
[] Apply ice pack	Routine, Until discontinued, Starting S Afftected area: Waking hours only? Nurse to schedule? Special Instructions: To affected extremity., Post-op
[] Elevate extremity	Routine, Until discontinued, Starting S Position: Additional instructions: elevate extremity Extremity: Place pillows under affected extremity., Post-op
[] Wound care orders	Routine, Daily, Starting S+1 Wound care to be performed by: Location: Site: Irrigate wound? Apply: Dressing Type: POD #1 as needed., Post-op

[] Patient may shower	Routine, Daily Specify: Additional modifier: Post-op
Diet	. oot op
[] Diet - Clear liquids, advance as tolerated to Regular	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Regular Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Please assess bowel sounds between progressions., Post-op
[] Diet - Clear liquids, advance as tolerated to Diabetic 1800 Carb Control	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Diabetic 1800 Carb Control Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Please assess bowel sounds between progressions., Post-op
[] Diet - Clear liquids, advance as tolerated to Heart Healthy	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Heart Healthy Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Please assess bowel sounds between progressions., Post-op
[] Diet - Clear liquids, advance as tolerated to Renal (80GM Pro, 2-3GM Na, 2-3GM K)	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Renal (80GM Pro, 2-3GM Na, 2-3GM K) Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Please assess bowel sounds between progressions., Post-op
Notify	
[] Notify Physician ( Anesthesia)	Routine, Once For 1 Occurrences, Contact Anesthesia for all issues with Nerve Block., Post-op
[] Notify Hospitalist/Internist of patient's location	Routine, Once For 1 Occurrences, Post-op
IV Fluids	
Peripheral IV Access	
[X] sodium chloride 0.9 % flush 10 mL	ne, Once, PACU & Post-op ., intravenous, every 12 hours scheduled, PACU & Post-op ., intravenous, PRN, line care, PACU & Post-op
() sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, Post-op
() lactated Ringer's infusion	75 mL/hr, intravenous, continuous, Post-op
Medications	

Check Prescription Drug Monitoring Program.

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

Texas PMP

Pain Management Guide

**PCA** Weaning Instructions

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

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

[] cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Post-op For patients LESS than or EQUAL to 120 kg Reason for Therapy: Surgical Prophylaxis
[] FOR MRSA CONCERN OR SEVERE PENICILLIN ALLERGY - vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
IV Antibiotics: For Patients GREATER than 120 kg	
IV Antibiotics: For Patients GREATER than 120 kg  [] cefazolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis

### **Pain Medications**

Check Prescription Drug Monitoring Program.

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

Texas PMP

Pain Management Guide

Opioid PCA Conversion to Oral Opioid Regimen

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

[]	Sch	nedule	d Pa	ain N	1edi	catio	ns (	(Single	Response)		

Consider scheduled option if pain source is present and patient unable to reliably communicate needs.

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

() acetaminophen (TYLENOL) 500 mg tablet or	liquid "Or" Linked Panel	
[] acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours scheduled	
	Use if patient can tolerate oral tablet.	
[] acetaminophen (TYLENOL) liquid	500 mg, oral, every 6 hours scheduled	
() acetaminophen (TYLENOL) 650 mg tablet or	liquid "Or" Linked Panel	
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours scheduled	
	Use if patient can tolerate oral tablet.	
[] acetaminophen (TYLENOL) liquid	650 mg, oral, every 6 hours scheduled	
() NSAIDS: For Patients LESS than 65 years old	d (Single	
Response)		
() ibuprofen (ADVIL, MOTRIN) tablet or oral su	spension "Or" Linked Panel	

	Net as a second and for a stick to a CED LECC these 20 and lesis and
	Not recommended for patients with eGFR LESS than 30 mL/min or
	acute kidney injury. Give if patient is able to tolerate oral medication.
[] ibuprofen (MOTRIN) 100 mg/5 mL	600 mg, oral, every 6 hours scheduled
suspension	Not recommended for patients with eGFR LESS than 30 mL/min or
(ALARDOONAL) (ALLA)	acute kidney injury.
() naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily
() celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily
() ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours scheduled
	For patients LESS THAN 65 years old. Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
) NSAIDS: For Patients GREATER than or EQU years old (Single Response)	JAL to 65
() ibuprofen (ADVIL, MOTRIN) tablet or oral su	spension "Or" Linked Panel
[] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours scheduled, Post-op
[] looproter (ND VIL, MOTHIN) tablet	Not recommended for patients with eGFR LESS than 30 mL/min or
	acute kidney injury. Give if patient is able to tolerate oral medication.
[] ibuprofen (MOTRIN) 100 mg/5 mL	600 mg, oral, every 6 hours scheduled, Post-op
suspension	Not recommended for patients with eGFR LESS than 30 mL/min or
Cacponoien	acute kidney injury.
	Use if patient cannot swallow tablet.
( ) naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily, Post-op
( ) Haproxon ( W.W. 1100 111) tablet	Not recommended for patients with eGFR LESS than 30 mL/min or
	acute kidney injury.
( ) celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily, Post-op
() colocoxia (colobitati) capcalo	For age GREATER than or EQUAL to 65 yo and patients LESS than
	50kg. Not recommended for patients with eGFR LESS than 30 mL/min
	or acute kidney injury.
( ) ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours scheduled, Post-op
PRN Pain Medications	, , , , , , , , , , , , , , , , , , ,
response. Adjust dose for renal/liver function and	ent and patient unable to reliably communicate needs. Monitor closely for d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.	d age. Do not order both scheduled and PRN NSAIDs/APAP  O and short acting IV simultaneously. Oral option and IV options to be
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  PRN Oral Medications for Mild Pain (Pain Sco	d age. Do not order both scheduled and PRN NSAIDs/APAP O and short acting IV simultaneously. Oral option and IV options to be ore 1-3):
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  ] PRN Oral Medications for Mild Pain (Pain Sco For Patients LESS than 65 years old (Single For Patients LESS)	d age. Do not order both scheduled and PRN NSAIDs/APAP O and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response)
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  PRN Oral Medications for Mild Pain (Pain Sco	d age. Do not order both scheduled and PRN NSAIDs/APAP O and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response)
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  PRN Oral Medications for Mild Pain (Pain Score Patients LESS than 65 years old (Single FD Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral sets of the property	d age. Do not order both scheduled and PRN NSAIDs/APAP O and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response) Is/APAP simultaneously.
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  ] PRN Oral Medications for Mild Pain (Pain Score For Patients LESS than 65 years old (Single For Do not order both scheduled and PRN NSAID  () acetaminophen (TYLENOL) tablet OR oral story OR rectal suppository  Maximum of 4 grams of acetaminophen per experience.	d age. Do not order both scheduled and PRN NSAIDs/APAP O and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response) Is/APAP simultaneously.
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  PRN Oral Medications for Mild Pain (Pain Score Patients LESS than 65 years old (Single For Patients LESS than 65 years old (Single For Patients LESS than 65 years old (Single For Patients LESS) than 65 years old (	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response) Ds/APAP simultaneously.  uspension "Or" Linked Panel
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  PRN Oral Medications for Mild Pain (Pain Score Patients LESS than 65 years old (Single FD Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral score OR rectal suppository  Maximum of 4 grams of acetaminophen per sources)	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response) DS/APAP simultaneously.  uspension "Or" Linked Panel day from all sources. (Cirrhosis patients maximum: 2 grams per day from all
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  ] PRN Oral Medications for Mild Pain (Pain Score For Patients LESS than 65 years old (Single For Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral single or	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response) os/APAP simultaneously. uspension "Or" Linked Panel day from all sources. (Cirrhosis patients maximum: 2 grams per day from all 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  PRN Oral Medications for Mild Pain (Pain Score Patients LESS than 65 years old (Single FD Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral single OR rectal suppository  Maximum of 4 grams of acetaminophen per sources)  [] acetaminophen (TYLENOL) tablet	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response) Ps/APAP simultaneously.  uspension "Or" Linked Panel  day from all sources. (Cirrhosis patients maximum: 2 grams per day from all 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet.
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  PRN Oral Medications for Mild Pain (Pain Score Patients LESS than 65 years old (Single For Patients LESS than 65 years old (Single For Patients LESS)  On order both scheduled and PRN NSAID  () acetaminophen (TYLENOL) tablet OR oral soor or	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response) S/APAP simultaneously.  uspension "Or" Linked Panel  day from all sources. (Cirrhosis patients maximum: 2 grams per day from all 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  PRN Oral Medications for Mild Pain (Pain Score Patients LESS than 65 years old (Single FD Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral single OR rectal suppository  Maximum of 4 grams of acetaminophen per sources)  [] acetaminophen (TYLENOL) tablet  [] acetaminophen (TYLENOL) suspension	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response) DS/APAP simultaneously.  uspension "Or" Linked Panel  day from all sources. (Cirrhosis patients maximum: 2 grams per day from all  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet.  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  PRN Oral Medications for Mild Pain (Pain Score Patients LESS than 65 years old (Single FD Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral single OR rectal suppository  Maximum of 4 grams of acetaminophen per sources)  [] acetaminophen (TYLENOL) tablet	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response) DS/APAP simultaneously.  Uspension "Or" Linked Panel  day from all sources. (Cirrhosis patients maximum: 2 grams per day from all  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet.  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.  650 mg, rectal, every 6 hours PRN, mild pain (score 1-3)
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  ] PRN Oral Medications for Mild Pain (Pain Score Patients LESS than 65 years old (Single FD Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral storm of A grams of acetaminophen per sources)  [] acetaminophen (TYLENOL) tablet  [] acetaminophen (TYLENOL) suspension  [] acetaminophen (TYLENOL) suppository	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response) DS/APAP simultaneously.  Uspension "Or" Linked Panel  day from all sources. (Cirrhosis patients maximum: 2 grams per day from all  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet.  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.  650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution.
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  PRN Oral Medications for Mild Pain (Pain Score Patients LESS than 65 years old (Single FD onot order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral storm of A grams of acetaminophen per sources)  The acetaminophen (TYLENOL) tablet  The acetaminophen (TYLENOL) tablet  The acetaminophen (TYLENOL) suspension  The acetaminophen (TYLENOL) suppository	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response) Ps/APAP simultaneously.  Uspension "Or" Linked Panel  day from all sources. (Cirrhosis patients maximum: 2 grams per day from all  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet.  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.  650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution.  Ispension "Or" Linked Panel
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  ] PRN Oral Medications for Mild Pain (Pain Score Patients LESS than 65 years old (Single FD onot order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral storm of A grams of acetaminophen per sources)  [] acetaminophen (TYLENOL) tablet  [] acetaminophen (TYLENOL) suspension  [] acetaminophen (TYLENOL) suppository	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response) Is/APAP simultaneously.  Uspension "Or" Linked Panel  day from all sources. (Cirrhosis patients maximum: 2 grams per day from all  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet.  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.  650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution.  Ispension "Or" Linked Panel 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  PRN Oral Medications for Mild Pain (Pain Score Patients LESS than 65 years old (Single FD Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral single OR rectal suppository  Maximum of 4 grams of acetaminophen per esources)  acetaminophen (TYLENOL) tablet  acetaminophen (TYLENOL) suspension  acetaminophen (TYLENOL) suppository  ibuprofen (ADVIL, MOTRIN) tablet or oral sure ibuprofen (ADVIL, MOTRIN) tablet	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response) Is/APAP simultaneously.  Is/APAP simultaneously.
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  ] PRN Oral Medications for Mild Pain (Pain Score Patients LESS than 65 years old (Single FD Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral storm of A grams of acetaminophen per sources)  [] acetaminophen (TYLENOL) tablet  [] acetaminophen (TYLENOL) suspension  [] acetaminophen (TYLENOL) suspension  [] acetaminophen (TYLENOL) suppository  () ibuprofen (ADVIL, MOTRIN) tablet or oral sure ibuprofen (ADVIL, MOTRIN) tablet  [] ibuprofen (MOTRIN) 100 mg/5 mL	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response) Is/APAP simultaneously.  Uspension "Or" Linked Panel  day from all sources. (Cirrhosis patients maximum: 2 grams per day from all  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet.  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.  650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution.  Ispension "Or" Linked Panel  600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication.  600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  ] PRN Oral Medications for Mild Pain (Pain Score Patients LESS than 65 years old (Single FD Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral store OR rectal suppository  Maximum of 4 grams of acetaminophen per sources)  [] acetaminophen (TYLENOL) tablet  [] acetaminophen (TYLENOL) suspension  [] acetaminophen (TYLENOL) suppository  () ibuprofen (ADVIL, MOTRIN) tablet or oral sure ibuprofen (ADVIL, MOTRIN) tablet  [] ibuprofen (MOTRIN) 100 mg/5 mL suspension	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response) IS/APAP simultaneously.  Uspension "Or" Linked Panel  day from all sources. (Cirrhosis patients maximum: 2 grams per day from all  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet.  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.  650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution.  Ispension "Or" Linked Panel  600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication.  600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet.
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  PRN Oral Medications for Mild Pain (Pain Score Patients LESS than 65 years old (Single FD Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral store OR rectal suppository  Maximum of 4 grams of acetaminophen per sources)  acetaminophen (TYLENOL) tablet  acetaminophen (TYLENOL) suspension  acetaminophen (TYLENOL) suppository  () ibuprofen (ADVIL, MOTRIN) tablet or oral sure ibuprofen (ADVIL, MOTRIN) tablet  [] ibuprofen (MOTRIN) 100 mg/5 mL suspension	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response) IS/APAP simultaneously.  Uspension  "Or" Linked Panel  day from all sources. (Cirrhosis patients maximum: 2 grams per day from all  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet.  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.  650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution.  Ispension  "Or" Linked Panel  600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication.  600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet.  250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  ] PRN Oral Medications for Mild Pain (Pain Score Patients LESS than 65 years old (Single FD Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral storm of A grams of acetaminophen per sources)  [] acetaminophen (TYLENOL) tablet  [] acetaminophen (TYLENOL) suspension  [] acetaminophen (TYLENOL) suspension  [] acetaminophen (TYLENOL) suppository  () ibuprofen (ADVIL, MOTRIN) tablet or oral sure ibuprofen (ADVIL, MOTRIN) tablet  [] ibuprofen (MOTRIN) 100 mg/5 mL suspension	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be  ore 1-3): Response) Is/APAP simultaneously.  uspension "Or" Linked Panel  day from all sources. (Cirrhosis patients maximum: 2 grams per day from all  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet.  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.  650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution.  Ispension "Or" Linked Panel  600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication.  600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet.  250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op Not recommended for patients with eGFR LESS than 30 mL/min or
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  ] PRN Oral Medications for Mild Pain (Pain Scoro Patients LESS than 65 years old (Single FD Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral store OR rectal suppository  Maximum of 4 grams of acetaminophen per sources)  [] acetaminophen (TYLENOL) tablet  [] acetaminophen (TYLENOL) suspension  [] acetaminophen (TYLENOL) suppository  () ibuprofen (ADVIL, MOTRIN) tablet or oral sure ibuprofen (ADVIL, MOTRIN) tablet  [] ibuprofen (MOTRIN) 100 mg/5 mL suspension  () naproxen (NAPROSYN) tablet	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be  ore 1-3): Response) Is/APAP simultaneously.  uspension  "Or" Linked Panel  day from all sources. (Cirrhosis patients maximum: 2 grams per day from all  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet.  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.  650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution.  Ispension  "Or" Linked Panel  600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication.  600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet.  250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  ] PRN Oral Medications for Mild Pain (Pain Score Patients LESS than 65 years old (Single FD Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral storm of Agrams of acetaminophen per sources)  [] acetaminophen (TYLENOL) tablet  [] acetaminophen (TYLENOL) suspension  [] acetaminophen (TYLENOL) suspension  [] acetaminophen (TYLENOL) suppository  () ibuprofen (ADVIL, MOTRIN) tablet or oral sure ibuprofen (ADVIL, MOTRIN) tablet  [] ibuprofen (MOTRIN) 100 mg/5 mL suspension	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be ore 1-3): Response) IS/APAP simultaneously.  Uspension "Or" Linked Panel  day from all sources. (Cirrhosis patients maximum: 2 grams per day from all  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet.  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.  650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution.  Ispension "Or" Linked Panel  600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication.  600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet.  250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.  100 mg, oral, 2 times daily PRN, mild pain (score 1-3), Post-op
response. Adjust dose for renal/liver function and simultaneously. Order ONLY one short acting PC ordered simultaneously.  ] PRN Oral Medications for Mild Pain (Pain Scoro Patients LESS than 65 years old (Single FD Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral scoro OR rectal suppository  Maximum of 4 grams of acetaminophen per sources)  [] acetaminophen (TYLENOL) tablet  [] acetaminophen (TYLENOL) suspension  [] acetaminophen (TYLENOL) suppository  () ibuprofen (ADVIL, MOTRIN) tablet or oral sure ibuprofen (ADVIL, MOTRIN) tablet  [] ibuprofen (MOTRIN) 100 mg/5 mL suspension  () naproxen (NAPROSYN) tablet	d age. Do not order both scheduled and PRN NSAIDs/APAP D and short acting IV simultaneously. Oral option and IV options to be  ore 1-3): Response) Is/APAP simultaneously.  uspension  "Or" Linked Panel  day from all sources. (Cirrhosis patients maximum: 2 grams per day from all  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet.  650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.  650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution.  Ispension  "Or" Linked Panel  600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication.  600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet.  250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.

( ) ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3) Give if patient unable to swallow tablet.
PRN Oral Medications for Mild Pain (Pain Score For Patients GREATER than or EQUAL to 65 ye (Single Response)	e 1-3):
Consider scheduled option if pain source is pres response. Adjust dose for renal/liver function an	sent and patient unable to reliably communicate needs. Monitor closely for age. Do not order both scheduled and PRN NSAIDs/APAP O and short acting IV simultaneously. Oral option and IV options to be
() acetaminophen (TYLENOL) tablet OR oral sus	spension "Or" Linked Panel
Maximum of 4 grams of acetaminophen per da sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient can tolerate oral tablet.
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.
<ul><li>[] PRN Oral Medications for Moderate Pain (Pain 4-6): For Patients LESS than 65 years old (Sing Response)</li></ul>	
() acetaminophen-codeine (TYLENOL #3) tablet	
[] acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.  The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.  The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
( ) HYDROcodone-acetaminophen 5/325 (NORC OR elixir	
Maximum of 4 grams of acetaminophen per da sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
( ) oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Tablets may be crushed. Give if patient able to swallow tablet
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Max daily dose 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
<ul><li>PRN Oral Medications for Moderate Pain (Pain 4-6): For Patients GREATER than or EQUAL to old (Single Response)</li></ul>	
() acetaminophen-codeine (TYLENOL #3) tablet	
[] acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.  The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:

[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.  The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
( ) HYDROcodone-acetaminophen 5/325 (NORCO	O) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per da sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
( ) oxyCODONE (ROXICODONE) immediate release tablet	2.5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Tablets may be crushed. Give if patient able to swallow tablet
() traMADoL (ULTRAM) tablet	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
[] PRN IV Medications for Moderate Pain (Pain So For Patients LESS than 65 years old if unable to Oral Pain Medication. (Single Response)	o tolerate
Due to risk of toxicity, the use of morphine produrecommended. An alternative opioid should be used to the commended of the c	ucts in patients with renal dysfunction, particularly in ESRD, is not utilized.
() morPHINE injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
( ) hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications
() ketorolac (TORADOL) IV (Single Response)	The second secon
Do NOT use in patients with eGFR LESS than	30 mL/min.  nt of perioperative pain OR in the setting of coronary artery bypass graft
() For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications
[] PRN IV Medications for Moderate Pain (Pain So For Patients GREATER than or EQUAL to 65 ye unable to tolerate Oral Pain Medication. (Single Response)	core 4-6):
	ucts in patients with renal dysfunction, particularly in ESRD, is not utilized. (adjust dose for renal/liver function and age)
() morPHINE injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
( ) hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications

[] PRN Oral Medications for Severe Pain (Pain So 7-10): For Patients LESS than 65 years old (Sin Response)	
	ucts in patients with renal dysfunction, particularly in ESRD, is not utilized.
( ) HYDROcodone-acetaminophen 10/325 (NOR OR elixir	CO) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per da sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
() morPHINE immediate-release tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet
( ) oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet
<ul><li>[] PRN Oral Medications for Severe Pain (Pain So 7-10): For Patients GREATER than or EQUAL t years old (Single Response)</li></ul>	
Due to risk of toxicity, the use of morphine prod recommended. An alternative opioid should be	ucts in patients with renal dysfunction, particularly in ESRD, is not utilized.
( ) oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Oral tablets may be crushed. Give if patient able to swallow tablet
() morPHINE immediate-release tablet	7.5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Oral tablets may be crushed. Give if patient able to swallow tablets.
( ) HYDROcodone-acetaminophen 7.5/325 (NOR OR elixir	
Maximum of 4 grams of acetaminophen per da sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
( ) HYDROcodone-acetaminophen 10/325 (NOR) OR elixir	CO) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per da sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, severe pain (score 7-10) Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
PRN IV Medications for Severe Pain (Pain Scor For Patients LESS than 65 years old if unable to Oral Pain Medication. (Single Response)	
	ucts in patients with renal dysfunction, particularly in ESRD, is not

( ) fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
	Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
() morPHINE injection	4 mg, intravenous, every 4 hours PRN, severe pain (score 7-10),
,	Post-op
	Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
( ) hydromorPHONE (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
	Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
[] PRN IV Medications for Severe Pain (Pain Scor	re 7-10):
unable to tolerate Oral Pain Medication. (Single	
Response)	ucts in patients with renal dysfunction, particularly in ESRD, is not
recommended. An alternative opioid should be	
() fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
	Give if patient is NPO, unable to swallow oral medication, or if pain 60
() morPHINE injection	minutes after giving oral pain medications.  2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10),
( ) Mon thive injudent	Post-op
	Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
( ) hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 4 hours PRN, severe pain (score 7-10),
	Post-op
	Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
PCA Medications - Not HMSJ (Single Response)	
( ) fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders	
[] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL Response)	(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 *** 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
	<ul> <li>Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then</li> </ul>
	- Every hour x 2 starting second hour after PCA started, bolus
	administered or dose change; then
	- Every 4 hours until PCA therapy is discontinued.
PCA Documentation	- Immediately following PCA administration tubing change Routine, Every 12 hours
[] TON BOOMMONIATION	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
I	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
II. Berry Original and Order Order	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	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less
physician and/or CERT team for any of the following:	- 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
[] IV Fluids for provision of PCA Therapy (Single	- Urinary retention
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
( ) hydromorPHONE PCA (DILAUDID) 15 mg/30 mL	+
Nursing PCA Orders  [] hydromorPHONE PCA (DILAUDID) 15 mg/30 m	ol (Single
Response)	iz (onigio
( ) 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	
[] Vital signs - T/P/R/BP	Routine, Per unit protocol
	<ul> <li>Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then</li> </ul>
	- Every hour x 2 starting second hour after PCA started, bolus
	administered or dose change; then
	- Every 4 hours until PCA therapy is discontinued.
I.1. DCA Decumentation	- 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	by proxy. Only the patient may press the dosing button.  Routine, Every 6 hours, Starting S
[] Pasero Opioid-induced Sedation Scale	by proxy. Only the patient may press the dosing button.

[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason
	- Inadequate analgesia
	<ul> <li>Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV</li> </ul>
	PCA therapy
	<ul> <li>PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy</li> </ul>
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less
following:	<ul> <li>Severe and/or recent confusion or disorientation</li> </ul>
	<ul> <li>POSS sedation level 4: Somnolent and difficult to arouse</li> </ul>
	- Sustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting
	- Urinary retention
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
( ) morPHINE PCA 30 mg/30 mL + Nursing PCA Ord	
[] morPHINE PCA 30 mg/30 mL (Single Respons	se)
() 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
Chiloride 0.9 % for Opiola 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.
	molecule in demand dood, can oldering procession.
	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
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
[1] Potient education Pain nump	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 1 docto Optoid illudoca Ocadioil Ocale	Assess POSS while patient has an active PCA order. Contact provider if
	score 3 or 4.
[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion
, ,	discontinued for any reason
	- Inadequate analgesia
	<ul> <li>Prior to administration of any other narcotics, antiemetics, or</li> </ul>
	sedatives other than those ordered by the prescriber responsible for IV
	PCA therapy
	- 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	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
PCA Medications - HMSJ Only (Single Response)	
( ) fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders	
[] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL Response)	(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 *** mcg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after
	increase in demand dose, call ordering prescriber.
	morease in demand dose, can 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
	<ul> <li>Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then</li> </ul>
	- 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	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute
physician and/or CERT team for any of the	or less
following:	<ul> <li>Severe and/or recent confusion or disorientation</li> </ul>
	- POSS sedation level 4: Somnolent and difficult to arouse
	- Sustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting
	- Urinary retention

( ) sodium chloride 0.9 % infusion 30 mL/hr, intravenous, continuous ( ) dextrose 5% infusion 30 mL/hr, intravenous, continuous	[] IV Fluids for provision of PCA Therapy (Single Response)	
(i) destrose 5% infusion 30 mL/hr, intravenous, continuous (i) hydromorPHONE PCA (DILAUDID) 30 mg/30 mL (Single Response)  (i) hydromorPHONE PCA (DILAUDID) 30 mg/30 mL (Single Response)  (ii) hydromorPHONE (DILAUDID) 30 mg/30 mL (Single Response)  (ii) hydromorPHONE (DILAUDID) 30 mg/30 mL (Single Response)  (iii) hydromorPHONE (PCA for Opioid Naive Art (Four hour dose limit): 3 mg intravenous, continuous (Four hour dose limit): 3 mg intravenous, continuous (Four hour dose limit): 3 mg intravenous, continuous (Four hour year) (Four hour dose limit): 3 mg intravenous, continuous (Four hour dose limit): 3 mg intravenous, continuous (Four hour year) (Four hour year) (Four hour year) (Four hour year) (Four hour dose limit): 3 mg intravenous, continuous (Four hour year) (Four hou	<u> </u>	30 mL/hr, intravenous, continuous
hydromorPHONE PCA (DILAUDID) 30 mg/30 mL + Nursing PCA Orders	. 7	
Nursing PCA Orders	( ) hydromorPHONE PCA (DILAUDID) 30 mg/30 mL	
Response) () nydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive  Naive  Nurse Loading Dose: Not Ordered-BR-PCA Dose: 0.2 mg Lockout Interval: 10 Minutes-BR-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. RM 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.  [] 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 administration or dose change, then - Every 4 hours until PCA therapy is discontinued Immediately following PCA administration uburing change  Routine, Every 12 hours At the beginning for 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 (Ponce, Starting S For 1 Occurrences Patient/Family: Education press the dosing button.  Routine, Once, Starting S For 1 Occurrences Patient/Family: Education appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button.  Routine, Every 6 hours, Starting S - Sesses POSS while patient may press the dosing button.  Routine, Every 6 hours, Starting S - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or seditives other than those ordered by the prescriber responsible for IV PCA therapy - PCA therapy - PCA pump discontinued by any service other than		
Interval: 10 Minutes-CBR-MAX (Four hour dose limit): 3 mg intervenous, 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 POA 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 [] 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 hours 2 starting second hour after PCA started, bolus administration or dose change; then Every 4 hours until PCA therapy is discontinued. Immediately following PCA administration thubing 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, Onco, 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.  [] Notify Physician Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4.  Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4.  Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Centact provider if score 3 or 4.  Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Centact provider if score 3 or 4.  Routine, Unit discontinued, Starting S, - Respiratory rate 10 per minute or less Indicated by provision of PCA Therapy (Single Response)  [] Not Pluids for pr	, , , , , , , , , , , , , , , , , ,	nL (Single
[] 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 our x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 10 A therapy is discontinued Immediately following PCA administration tubing change 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 gor meg), and volume remaining in syringe (residual volume).  [] Patient education Pain pump Routine, Droce, 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 may press the dosing button.  Routine, Every 6 hours, 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 therapy - PCA pump discontinued, Starting S, - Respiratory rate 10 per minute or less other than those ordered by the prescriber responsible for IV PCA therapy  [] IV Fluids for provision of PCA Therapy (Single Response)  () sodium chloride 0.9 % infusion 30 mL/hr, intravenous, continuous 3) omL/hr, intravenous, continuous 3) omL/hr, intravenous, continuous 3) omL/hr, intravenous, continuous	in sodium chloride 0.9% PCA for Opioid	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
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 administration or dose change; then - Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change  [] PCA Documentation  [] Patient education Pain pump  [] Posero Opioid-induced Sedation Scale  [] Pasero Opioid-induced Sedation Scale  [] Pasero Opioid-induced Sedation Scale  [] Pasero Opioid-induced Sedation Scale  [] Notify Physician  [] Notify Physician  [] Notify Physician  [] Notify Physician  [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following:  [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following:  [] Stop the PCA provision of PCA Therapy (Single Response)  [] I V Fluids for provision of PCA Therapy (Single Response)  [] Sodium chloride 0.9 % infusion  [] Odextrose 5% infusion  [] OmorPHINE PCA 30 mg/30 mL + Nursing PCA Orders		Adjust doses for age, renal function or other factors.
- 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 administeration or dose change; then - Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change  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, 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  [] Notify Physician  [] 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:  [] IV Fluids for provision of PCA Therapy (Single Response)  [] IV Fluids for provision of PCA Therapy (Single Response)  [] IV Fluids for provision of PCA Therapy (Single Response)  [] Sodium chloride 0.9 % infusion  30 mL/hr, intravenous, continuous  ] Mul/hr, intravenous, continuous	[] Vital signs - T/P/R/BP	<ul> <li>Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then</li> <li>Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then</li> <li>Every 4 hours until PCA therapy is discontinued.</li> </ul>
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.  Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4.  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 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  I IV Fluids for provision of PCA Therapy (Single Response) Soutine Uniting Response) O sodium chloride 0.9 % infusion Others Only PCA Orders	[] PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume
Patient/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:  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  ) morPHINE PCA 30 mg/30 mL + Nursing PCA Orders		
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 Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less Severe and/or recent confusion or disorientation 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) Osodium chloride 0.9 % infusion Odextrose 5% infusion OmcPHINE PCA 30 mg/30 mL + Nursing PCA Orders	[] Patient education Pain pump	Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA
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: - 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 () morPHINE PCA 30 mg/30 mL + Nursing PCA Orders	[] Pasero Opioid-induced Sedation Scale	Assess POSS while patient has an active PCA order. Contact provider if
Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less following:  Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention  [] IV Fluids for provision of PCA Therapy (Single Response)  () sodium chloride 0.9 % infusion () dextrose 5% infusion 30 mL/hr, intravenous, continuous () morPHINE PCA 30 mg/30 mL + Nursing PCA Orders	[] 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
[] IV Fluids for provision of PCA Therapy (Single Response)  () sodium chloride 0.9 % infusion 30 mL/hr, intravenous, continuous () dextrose 5% infusion 30 mL/hr, intravenous, continuous () morPHINE PCA 30 mg/30 mL + Nursing PCA Orders	physician and/or CERT team for any of the	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
Response) ( ) sodium chloride 0.9 % infusion 30 mL/hr, intravenous, continuous ( ) dextrose 5% infusion 30 mL/hr, intravenous, continuous ( ) morPHINE PCA 30 mg/30 mL + Nursing PCA Orders	[] IV Fluids for provision of PCA Therapy (Single	·
( ) dextrose 5% infusion 30 mL/hr, intravenous, continuous ( ) morPHINE PCA 30 mg/30 mL + Nursing PCA Orders		
) morPHINE PCA 30 mg/30 mL + Nursing PCA Orders	() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
	. ,	

() 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	, , , , , , , , , , , , , , , , , , ,
[] 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)	•
() sodium chloride 0.9 % infusion () dextrose 5% infusion	30 mL/hr, intravenous, continuous
Respiratory Depression and Somnolence	30 mL/hr, intravenous, continuous
[X] naloxone (NARCAN) injection	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.

[X] ondansetron (ZOFRAN) IV or Oral (Selection Rec	uired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op
	Give if patient is UNable to tolerate oral medication OR if a faster onset 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 - HMSTJ Only	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Rec	uired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op
	Give if patient is UNable to tolerate oral medication OR if a faster onset of
, , , , ,	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
	action is required.
[X] promethazine (PHENERGAN) IVPB or Oral or Re [X] promethazine (PHENERGAN) 25 mg in	action is required.
[X] promethazine (PHENERGAN) IVPB or Oral or Re	action is required. ctal "Or" Linked Panel

tolerate oral or rectal medication OR if a faster onset of action is required.

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

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

12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to

## Antiemetics - HMSL, HMWB Only

[X] promethazine (PHENERGAN) tablet

[X] promethazine (PHENERGAN) suppository

[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) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU &
	Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
	tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is able to 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.

oral medication.

tolerate oral medication.

## **Bowel Care**

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

docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Post-op
magnesium hydroxide suspension - NOT	30 mL, oral, every 12 hours PRN, constipation, Post-op
RECOMMENDED FOR CHRONIC KIDNEY DISI STAGE 3 OR GREATER	EASE Do not give if patient is on hemodialysis or is in chronic rena 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 LESS than 70 years old (Sin	
) 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 LES 80 mL/min, reduce frequency to once daily as ne	
ching: For Patients between 70-76 years old (Si	ngle Response)
cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
ching: For Patients GREATER than 77 years old	(Single Response)
) cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
,	
somnia: For Patients LESS than 70 years old (S	
) zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
) ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
nsomnia: For Patients GREATER than or EQUAL	to 70 years old (Single Response)
) ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C
	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
) Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Strati	
(Single Response) (Selection Required)	ncation
() Moderate Risk - Patient currently has an active	e order for
therapeutic anticoagulant or VTÉ prophylaxis ( Required)	Selection
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication. Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single	· · · · · · · · · · · · · · · · · · ·
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression	PACU & Post-op Routine, Continuous, PACU & Post-op
device continuous	•
	<u> </u>
Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (     Paguired)	e order for
	e order for

[] 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
<ul> <li>High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required)</li> </ul>	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE 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
<ul> <li>High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required)</li> </ul>	
[] High risk of VTE	Routine, Once, PACU & Post-op
<ul><li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li></ul>	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	red)
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
() 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. 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	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
with weight GREATER than 100 kg	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 Required)	on

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)	ction
Contraindications exist for pharmacologic pro 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 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

(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	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
() Torrospanilax (Cutovirus) injection	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
() Bi	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	•
() HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition  Both pharmacologic AND mechanical prophylaxis	must be addressed
One or more of the following medical conditions:	must be addressed.
	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)	D. C. O.
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	ai Falletit
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
(Vancous sin to VITE Book Late (C) La	contraindication(s):
() enoxaparin for VTE Prophylaxis (Single Response	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	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 Res (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 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:
()	(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
Re	GH Risk of DVT - Surgical (Hip/Knee) (Selection equired)	
Hiç Bo On Th or Se A Mu Ab	gh Risk Definition th pharmacologic AND mechanical prophylaxis r ne or more of the following medical conditions:	nt 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 of (Arthroplasty) Surgical Patient (Single Responsion (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 Respo (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
() 1	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):
()	neparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
· í	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
	HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
` '	Rivaroxaban and Pharmacy Consult (Selection Required)	1 0
[]	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:
1 1/	lechanical Prophylaxis (Single Response) (Sele equired)	ction
-	equirea)	
R	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op

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

Anticoagulation Guide for COVID patients

URL:

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

URL:

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

()	Patient currently has an active order for therapeuti anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)	
(	) Moderate Risk - Patient currently has an active	
	therapeutic anticoagulant or VTE prophylaxis (S Required)	election
	[] Moderate risk of VTE	Routine, Once, PACU & Post-op
	<ul> <li>Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> </ul>	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 F	•
	() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
	( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
(	<ul> <li>Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required)</li> </ul>	
	[] Moderate risk of VTE	Routine, Once, PACU & Post-op
	[] Patient currently has an active order for	Routine, Once
	therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:  PACU & Post-op
	[] Place sequential compression device (Single F	
	() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
	( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
(	<ul> <li>High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (S Required)</li> </ul>	
	[] 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 F	
	() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
	() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
(	<ul> <li>High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (S Required)</li> </ul>	
	[] High risk of VTE	Routine, Once, PACU & Post-op
	<ul> <li>Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> </ul>	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 F	

() 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\
<ul><li>[ ] Low Risk (Single Response) (Selection Require</li><li>( ) Low risk of VTE</li></ul>	
() 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
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic properties of Sequential Compression device</li> </ul>	Surgical ) phylaxis "And" Linked Panel
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic</li> </ul>	Surgical ) phylaxis "And" Linked Panel Routine, Once
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic properties of Sequential Compression device</li> </ul>	Surgical Ohylaxis "And" Linked Panel  Routine, Once No pharmacologic VTE prophylaxis due to the following
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic properties and services</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression</li> </ul>	Surgical Ohylaxis "And" Linked Panel  Routine, Once No pharmacologic VTE prophylaxis due to the following
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic properties of Sequential Compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic properties but order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic properties and prophylaxis</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op  Chylaxis "And" Linked Panel
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic properties but order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic properties</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic properties but order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic properties and prophylaxis</li> </ul>	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
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic proper BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic proper AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic</li> </ul>	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):
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic proper BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic proper AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> </ul>	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
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Sequential (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic proper BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic proper AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Contraindications exist for mechanical</li> </ul>	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
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic proper BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic proper AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> </ul>	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
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Sequential (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic proper BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic proper AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Contraindications exist for mechanical</li> </ul>	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):
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic proper BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic proper AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Contraindications exist for mechanical prophylaxis</li> <li>[] Contraindications exist for mechanical prophylaxis</li> </ul>	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
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic proper BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic proper AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Contraindications exist for mechanical prophylaxis</li> </ul>	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
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Sequential (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic proper BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic proper AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Contraindications exist for mechanical prophylaxis</li> <li>[] Contraindications exist for mechanical prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> </ul>	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 CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op
	CICI GILLATER (Half 30 HE/Hill)	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
		than 50kg and age GREATER than 75yrs.
()	HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
		For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Sele	ection
()		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
. ,	ODERATE Risk of DVT - Non-Surgical (Selection equired)	
Мс	oderate Risk Definition	
	armacologic prophylaxis must be addressed. Me ntraindicated.	echanical prophylaxis is optional unless pharmacologic is
Or	ne or more of the following medical conditions:	
		ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
Ag	e 60 and above	log eneming, alcore, venede etable and hepmede eynaleme
	entral line story of DVT or family history of VTE	
An	ticipated length of stay GREATER than 48 hours	8
	ss than fully and independently ambulatory trogen therapy	
Mo	oderate or major surgery (not for cancer)	
Ma	ajor 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) (Selecti	on
()	Required)  Contraindications exist for pharmacologic proplements	hylaxis - "And" Linked Panel
()	Contraindications exist for priarmacologic propi	TINIANO AND LINES FANCE

Order Sequential compression device

IJ	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[]	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
	Contraindications exist for pharmacologic prop AND mechanical prophylaxis	phylaxis "And" Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
()	enoxaparin (LOVENOX) injection (Single 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:
-	Mechanical 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)	cal Patient	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
( ) enoxaparin for VTE Prophylaxis (Single Response)		
( ) enoxaparin (LOVENOX) 30 mg daily at 1700	30 mg, subcutaneous, daily at 1700 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	
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.	
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.	
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
[] Mechanical Prophylaxis (Single Response) (Se Required)		
( ) 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 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)	Pouting Once PACIL's Post on
[] High risk of VTE	Routine, Once, PACU & Post-op
<ul> <li>High Risk Pharmacological Prophylaxis - Non-Su Patient (Single Response) (Selection Required)</li> </ul>	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) enoxaparin (LOVENOX) injection (Single Responsation (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 3 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
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight 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:
<ul><li>Mechanical Prophylaxis (Single Response) (Sele Required)</li></ul>	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)	
[] High risk of VTE	Routine, Once, PACU & Post-op
<ul> <li>High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Responsing (Selection Required)</li> </ul>	
( ) 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)	<u> </u>
( ) 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 CrCI GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PAC & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history 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
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
	For patients with weight GREATER than 100 kg.
( ) Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	
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
Labs	
Labs POD #1	
[] CBC with platelet and differential	AM draw repeats For 2 Occurrences, Post-op
[] Basic metabolic panel	AM draw repeats For 2 Occurrences, Post-op
Prothrombin time with INR	AM draw repeats For 2 Occurrences, Post-op
	7 iiii didii ropedio r di 2 decembricos, r det op
Cardiology	
Imaging	
X-Ray	
[] XR Hip 2-3 View Left	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU
[] XR Hip 2-3 View Right	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU
[] Hips Bilateral Ap Lateral W Ap Pelvis	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU
[] Femur 2 Vw Left	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU
[] Femur 2 Vw Right	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU
Tibia Fibula 2 Vw Left	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU
Tibia Fibula 2 Vw Right	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU
[] Knee 1 Or 2 Vw Left	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU
[] Knee 1 Or 2 Vw Right	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU
[] XR Pelvis 1 Or 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
Other Studies	
Respiratory	
Rehab	
Consults	
For Physician Consult orders use sidebar	
Ancillary Consults	
	Consult Doggon, Discharge Planning
[] Consult to Case Management	Consult Reason: Discharge Planning Post-op, And post discharge equipment needs. Plan discharge on POD #2-3.

[] Consult to Social Work	Reason for Consult: Discharge Placement
	Post-op, And post discharge equipment needs. Plan to
	discharge on POD #2-3.
[] Consult PT eval and treat	Special Instructions: evaluate equipment needs at discharge
	Weight Bearing Status:
	PACU & Post-op
[] Consult PT wound care	Special Instructions:
	Location of Wound?
[] Consult OT eval and treat	Special Instructions: Instruct on use of hip kit.
	Weight Bearing Status:
	PACU & Post-op
[] Consult to Fracture Liaison Service	Clinical Indications:
	Post-op
Additional Orders	