General

Common Present on Admission Diagnosis

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

Admission or Observation (Single Response)

() Admit to Inpatient	Admitting Physician:
	Level of Care: Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
	PACU & Post-op
) Outpatient observation services under general	
supervision	Patient Condition:
	Bed request comments:
	PACU & Post-op
) Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
	PACU & Post-op
) Transfer patient	Level of Care:
	Bed request comments:
) Deturn to provide a bad	Scheduling/ADT
) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Admission (Single Response)	
Patient has active status order on file	
) Admit to inpatient	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
	PACU & Post-op
) Transfer patient	Level of Care:
	Bed request comments:
	Scheduling/ADT
) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Transfer (Single Response) Patient has active inpatient status order on file	
() Transfer patient	Level of Care:
	Bed request comments:
	Scheduling/ADT
) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Code Status @CERMSG(674511)@	
X] Code Status (Single Response)	
DNR and Modified Code orders should be place	ced by the responsible physician.
() Full code	Code Status decision reached by:
	Post-op
() DNR (Do Not Resuscitate) (Selection Requi	red)
[] 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 i in a cardiopulmonary arrest)) 	is NOT I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op
Isolation	
[] Airborne isolation status	
 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 Enteric isolation status	Details Details
Precautions	
Aspiration precautions	Post-op Increased observation level needed:
] Fall precautions	Post-op
] Latex precautions	Post-op
] Seizure precautions	Increased observation level needed: Post-op
Nursing	
/ital Signs	
X] Vital signs - T/P/R/BP	Routine, Per unit protocol, Post-op
Activity/Patient Position	
] Strict bed rest	Routine, Until discontinued, Starting S Up in chair in AM, Post-op
] Up in chair	Routine, Until discontinued, Starting S Specify: Up in chair Additional modifier: Post operative day ***, Post-op
] Ambulate with assistance every 8 hours	Routine, Now then every 8 hours Specify: with assistance Post-op
[] Ambulate with assistance 4 times daily and prn	Routine, 4 times daily Specify: with assistance And as needed, Post-op
[] Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated Post-op

[] Avoid pressure to	Routine, Once
	Orientation:
	Location: Post-op
[] Head of bed	Routine, Until discontinued, Starting S
	Head of bed:
	Post-op
[] Patient position: Elevate foot of bed	Routine, Until discontinued, Starting S
	Position:
	Additional instructions: elevate foot of bed
	Elevate (degrees):
	Post-op
[] Patient position: Semi-Fowler's	Routine, Until discontinued, Starting S
	Position: semi-Fowler's Additional instructions:
	With bed flexed in semi-fowler's (lawn chair) position.
	Post-op
[] Patient position: Do not reposition	Routine, Until discontinued, Starting S
	Position:
	Additional instructions: do not reposition
	Post-op
[] Shower patient	Routine, Daily
	Specify:
	Additional modifier: with assist only
	Post-op
Nursing Care	
[] Neurological assessment	Routine, Once
	Assessment to Perform:
	Post-op
[] Peripheral vascular assessment	Routine, Once, Post-op
[] Assess head	Routine, Every 4 hours
	Assess: Head (Facial, eyelids) for color, refill, hematoma.
	Notify Resident or staff for any changes.
	Post-op
[] Assess breast	Routine, Every 4 hours
	Assess: Breast - assess nipple for color, refill, and hematoma. Notify Resident or staff for any changes.
	Post-op
[] Assess abdomen	Routine, Every 4 hours
	Assess: Abdomen - assess for color, refill, and hematoma.
	Notify Resident or staff for any changes.
	Post-op
[] Assess On-Q Pump	Routine, Every 4 hours
	Assess: On-Q Pump every 4 hours
	Post-op
[] Intake and output	Routine, Per unit protocol
	Include amount from surgical drain in intake and output,
	Post-op
[] No ice pack	Routine, Until discontinued, Starting S
[] Link processions	Unless ordered otherwise, Post-op
[] Limb precautions	Location:
	Precaution:
1. May use either arm for blood pressure or people eticks	Post-op Routing Until discontinued Starting S. Post-op
[] May use either arm for blood pressure or needle sticks	Routine, Until discontinued, Starting S, Post-op Routine, Until discontinued, Starting S
[] Supportive bra	Do not remove post-operative bra., Post-op
1	שט חטר ופוווטיב אטפריטאפומוויפ טומ., רטפריטא

[] Abdominal binder	Routine, Once
	Waking hours only?
	Nurse to schedule?
	Special Instructions:
	Keep abdominal binder open and loose while in bed. When
	patient gets up in chair, place binder on. Open when back in
	bed. , Post-op
[] Compression garmet	Routine, Until discontinued, Starting S
	Intervention: Release every 3 hours for 1 hour
	Post-op
Flap Assessment	
[] Flap assessment	Routine, Every 4 hours
	Side:
	Location:
	Assessment:
	Notify Resident or staff for any changes., Post-op
Tubes/Drains Care	
[] Drain care- Compression Suction; Attach bulbs to gown	Routine, Every 4 hours
with safety pins. Do NOT tape drains to patient.; Strip	Drain 1:
tubing and record output every 4 hours	Drain 2:
	Drain 3:
	Drain 4:
	All Drains: Jackson Pratt
	Care Details: Attach bulbs to gown with safety pins. Do NO
	tape drains to patient.
	Drainage/Suction: To Compression (Bulb) Suction, Strip
	tubing,Other (specify)
	Specify: Empty drain and record output every 4 hours.
	Flush drain with:
	Post-op
[] Drain care- Clean site daily with normal saline. Apply	Routine, Daily
ointment and cover with gauze.	Drain 1:
omanent and cover with gadze.	Drain 2:
	Drain 3:
	Drain 4:
	All Drains: Jackson Pratt
	Care Details: Clean site daily with normal saline. Apply
	ointment and cover with gauze.
	Drainage/Suction: To Compression (Bulb) Suction
	Flush drain with:
	Flush drain with: Post-op
	Flush drain with: Post-op Routine, Daily
 Drain care- Clean site daily with peroxide. Apply bacitracin ointment and cover with gauze. 	Flush drain with: Post-op
	Flush drain with: Post-op Routine, Daily
	Flush drain with: Post-op Routine, Daily Drain 1:
	Flush drain with: Post-op Routine, Daily Drain 1: Drain 2:
	Flush drain with: Post-op Routine, Daily Drain 1: Drain 2: Drain 3:
	Flush drain with: Post-op Routine, Daily Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt
	Flush drain with: Post-op Routine, Daily Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt Care Details: Clean site daily with peroxide. Apply bacitracin
	Flush drain with: Post-op Routine, Daily Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt Care Details: Clean site daily with peroxide. Apply bacitracin ointment and cover with gauze.
	Flush drain with: Post-op Routine, Daily Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt Care Details: Clean site daily with peroxide. Apply bacitracin ointment and cover with gauze. Drainage/Suction: To Compression (Bulb) Suction
	Flush drain with: Post-op Routine, Daily Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt Care Details: Clean site daily with peroxide. Apply bacitracin ointment and cover with gauze. Drainage/Suction: To Compression (Bulb) Suction Flush drain with:
bacitracin ointment and cover with gauze.	Flush drain with: Post-op Routine, Daily Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt Care Details: Clean site daily with peroxide. Apply bacitracin ointment and cover with gauze. Drainage/Suction: To Compression (Bulb) Suction Flush drain with: Post-op
bacitracin ointment and cover with gauze.	Flush drain with: Post-op Routine, Daily Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt Care Details: Clean site daily with peroxide. Apply bacitracin ointment and cover with gauze. Drainage/Suction: To Compression (Bulb) Suction Flush drain with: Post-op Routine, Until discontinued, Starting S
bacitracin ointment and cover with gauze.	Flush drain with: Post-op Routine, Daily Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt Care Details: Clean site daily with peroxide. Apply bacitracin ointment and cover with gauze. Drainage/Suction: To Compression (Bulb) Suction Flush drain with: Post-op Routine, Until discontinued, Starting S Rationale:
bacitracin ointment and cover with gauze.	Flush drain with: Post-op Routine, Daily Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt Care Details: Clean site daily with peroxide. Apply bacitracin ointment and cover with gauze. Drainage/Suction: To Compression (Bulb) Suction Flush drain with: Post-op Routine, Until discontinued, Starting S Rationale: Post-op
bacitracin ointment and cover with gauze.	Flush drain with: Post-op Routine, Daily Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt Care Details: Clean site daily with peroxide. Apply bacitracin ointment and cover with gauze. Drainage/Suction: To Compression (Bulb) Suction Flush drain with: Post-op Routine, Until discontinued, Starting S Rationale: Post-op Routine, Until discontinued, Starting S
bacitracin ointment and cover with gauze.	Flush drain with: Post-op Routine, Daily Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt Care Details: Clean site daily with peroxide. Apply bacitracin ointment and cover with gauze. Drainage/Suction: To Compression (Bulb) Suction Flush drain with: Post-op Routine, Until discontinued, Starting S Rationale: Post-op

Wound/Incision Care

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[] Surgical/incision site care- Wet to dry, Nomal Saline	Routine, Every 8 hours Location:
	Site:
	Apply:
	Dressing Type: Moist to Dry, Normal Saline
	Open to air?
[] Surgical/incicion cita coro . Wat to dry Daking	Post-op Pouting Evenu & hours
[] Surgical/incision site care- Wet to dry, Dakins	Routine, Every 8 hours Location:
	Site:
	Apply:
	Dressing Type: Other
	Specify: Wet to dry, Dakins
	Open to air?
	Post-op
[] Surgical/incision site care- Do not remove dressing	Routine, Once
	Location:
	Site:
	Apply:
	Dressing Type: Other
	Specify: Open to air?
	Do not remove or change surgical dressing , Post-op
[] Wound care orders	Routine, Every 12 hours
	Location:
	Site:
	Irrigate wound?
	Apply:
	Dressing Type:
	Post-op
[] Provide equipment / supplies at bedside	Routine, Once
	Supplies: Post-op
[] Provide equipment / supplies at bedside: Extra Bra to	Routine, Once
bedside	Supplies: Other (specify)
	Other: Order extra bra to bedside.
	Size ***, Post-op
[] Negative pressure wound therapy (Not a consult order)	Routine, Every Mon, Wed, Fri
	NPWT to be applied by:
	Existing wound vac?
	Type: Type of Wound
	Type of Wound: Wound Location:
	Pressure (mmHg): 125
	Therapy Settings:
	Intensity:
	Foam Type:
	Post-op
[] Consult to Wound Ostomy Care Nurse	Reason for consult:
	Consult for NPWT: Reason for consult:
	Reason for consult:
	Post-op
Skin Graft Donor Site Care	-1
[] Heat lamp	Routine, 4 times daily
L1	Duration of treatment (minutes): 15
	Distance from site: 2-3 feet

	-
[] Skin graft donor site care	Routine, 4 times daily Instructions: Leave donor site intact for 48 hours, clean any excessive fluid leakage as needed. After 48 hours, remove clear Tegaderm but DO NOT remove Zeroform gauze. Wipe off any excess fluid gently PRN. Use heat lamp to treat donor site 4 x/day when patient is aw Post-op
[] Negative pressure wound therapy (Not a consult order)	
Notify	
[X] Notify Physician- Notify Plastic Surgery resident on-call or Plastics Attending Surgeon for ANY questions regarding the flap or change in flap assessment	Routine, Until discontinued, Starting S, Notify Plastic Surgery resident on-call or Plastics Attending Surgeon for ANY questions regarding the flap or change in flap assessment, Post-op
[] Notify Physician or Resident of any acute changes in patient status	Routine, Until discontinued, Starting S, or Resident of any acute changes in patient status, Post-op
Diet	
[] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
[] NPO except ice chips	Post-op Diet effective now, Starting S NPO: Except Ice chips Pre-Operative fasting options: Post-op
[] Diet- Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-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: Post-op
[] Diet - Easy to digest (GERD)	Diet effective now, Starting S Diet(s): Easy to digest (GERD) Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op

 [] Diet- 1800 Kcal/202 gm Carbohydrate [] Diet- Regular 	Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
Education	1 03t-0p
[] Patient education- Drain care	Routine, Prior to discharge Patient/Family: Education for: Drain care Post-op
[] Patient education- Dressing change	Routine, Once Patient/Family: Education for: Other (specify) Specify: Dressing change Post-op
[] Patient education- Lovenox teaching	Routine, Prior to discharge Patient/Family: Education for: Self admin of medication,Other (specify) Specify: Lovenox teaching for home administration. Post-op
[] Patient education- Pain pump	Routine, Prior to discharge Patient/Family: Patient Education for: Other (specify) Specify: Pain pump Post-op
[] Patient education- Post-op urine color	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Post-op
[] Patient education- Scopolamine patch teaching	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Scopolamine patch side effect teaching Post-op
[] Patient education- Surgeons post op instructions	Routine, Prior to discharge Patient/Family: Education for: Other (specify) Specify: Dispense surgeon's post op instructions prior to discharge. Post-op

IV Fluids

IV F	Fluids	
	dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	125 mL/hr, intravenous, continuous, Post-op
[]	lactated Ringer's infusion	125 mL/hr, intravenous, continuous, Post-op
[]	sodium chloride 0.9 % infusion	125 mL/hr, intravenous, continuous, Post-op
	sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	125 mL/hr, intravenous, continuous, Post-op

[]	sodium chloride 0.45 % with potassium chloride 20	
	mEq/L infusion	

Medications

Reminder: If you need to place orders for PCA Analgesia, after using this order set go to the Order Set Activity and access the General Patient Controlled Analgesia (PCA) Therapy for Opioid Naive Patients (or Tolerant Patients if appropriate).

Pharmacy Consult	
[] Pharmacy consult to manage dosing of medicatio	n STAT, Until discontinued, Starting S Which drug do you need help dosing? Contact Number:
IV Antibiotics: For Patients LESS than or EQUAL t	to 120 kg
[] ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, every 6 hours, Post-op Reason for Therapy: Surgical Prophylaxis
[] cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	r 2 g, intravenous, every 8 hours, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis:
[] cefepime (MAXIPIME) IV - For antipseudomonal coverage	1 g, intravenous, every 8 hours, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis:
[] clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, every 8 hours, Post-op Use if patient penicillin allergic. Reason for Therapy: Surgical Prophylaxis
[] vancomycin IV plus Optional Pharmacy Consult to Vancomycin	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis:
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Surgical Prophylaxis Duration of Therapy (Days): Surgical Prophylaxis:
IV Antibiotics: For Patients GREATER than 120 kg	
[] ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, every 6 hours, Post-op Reason for Therapy: Surgical Prophylaxis
[] cefazolin (ANCEF) IV - For Patients GREATER th kg	
[] cefepime (MAXIPIME) IV - For antipseudomonal coverage	2 g, intravenous, every 8 hours, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis:
[] clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, every 8 hours, Post-op Use if patient penicillin allergic. Reason for Therapy: Surgical Prophylaxis
[] vancomycin IV plus Optional Pharmacy Consult to Vancomycin	o Dose
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis:
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Surgical Prophylaxis Duration of Therapy (Days): Surgical Prophylaxis:
Oral Antibiotics	
[] amoxicillin-pot clavulanate (AUGMENTIN) 875-12	25 mg 1 tablet, oral, 2 times daily, Post-op

[] cephalexin (KEFLEX) capsule	500 mg, oral, every 8 hours, Post-op Reason for Therapy: Surgical Prophylaxis
[] clindamycin (CLEOCIN) capsule	450 mg, oral, 4 times daily, Post-op
	Use if patient is penicillin allergic.
	Reason for Therapy: Surgical Prophylaxis
] minocycline (MINOCIN, DYNACIN) capsule	100 mg, oral, every 12 hours, Post-op
	Reason for Therapy: Surgical Prophylaxis
] sulfamethoxazole-trimethoprim (BACTRIM DS) 800-160 mg tablet	1 tablet, oral, every 12 hours scheduled, Post-op Reason for Therapy: Surgical Prophylaxis
Topical Antibiotics	
] bacitracin ointment	Topical, 3 times daily, Post-op
•	Apply to drain site.
] bacitracin-polymyxin B (POLYSPORIN) ointment	Topical, 3 times daily, Post-op Apply to drain site.
] neomycin-bacitracin-polymyxinB (NEOSPORIN)	Topical, 3 times daily, Post-op
ointment	Apply to drain site.
] mupirocin (BACTROBAN) 2 % ointment	Topical, 3 times daily, Post-op
	Apply to drain site.
] povidone-iodine (BETADINE) ointment	Topical, 3 times daily, Post-op
	Apply to drain site.
Ophthalmic Antibiotic Ointments (Single Response)	
) gentamicin (GARAMYCIN) 0.3 % (3 mg/gram)	3 times daily, Post-op
ophthalmic ointment	· ·
) tobramycin-dexamethasone (TOBRADEX) ophthalmic ointment	Both Eyes, 3 times daily, Post-op
acial Operations	
] chlorhexidine (PERIDEX) 0.12 % solution	15 mL, Mouth/Throat, 2 times daily, Post-op
	Swish and Spit
] artificial tears ophthalmic solution	2 drop, Both Eyes, every 4 hours PRN, dry eyes, Post-op
artificial tears ointment	Both Eyes, nightly PRN, dry eyes, Post-op
] clonIDINE HCI (CATAPRES) tablet	oral, 2 times daily PRN, high blood pressure, Post-op BP & HR HOLD parameters for this order: Contact Physician if:
Bowel Care - NOT HMSJ	
] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Post-op
	Use docusate for stool softener as needed.
] simethicone (MYLICON) chewable tablet	160 mg, oral, 4 times daily PRN, flatulence, Post-op
bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op
	Suppository can be used if oral therapy is not tolerated or
	ineffective.
senna (SENOKOT) tablet	1 tablet, oral, 2 times daily PRN, constipation, Post-op
diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet	1 tablet, oral, 4 times daily PRN, diarrhea, Post-op
Bowel Care - HMSJ Only	
] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Post-op
1 simothicono (MVLICON) showship tablet	Use docusate for stool softener as needed.
simethicone (MYLICON) chewable tablet	160 mg, oral, 4 times daily PRN, flatulence, Post-op 10 mg, rectal, daily PRN, constipation, Post-op
] bisacodyl (DULCOLAX) suppository	Suppository can be used if oral therapy is not tolerated or ineffective.
] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg	1 tablet, oral, 2 times daily PRN, constipation, Post-op
per tablet	1 tablet and 4 times doily DDN distribut. Dest an
] diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet	1 tablet, oral, 4 times daily PRN, diarrhea, Post-op

Anxiolytics

Anxiolytics	
] LORazepam (ATIVAN) Oral or IV	"Or" Linked Panel
[] LORazepam (ATIVAN) tablet	1 mg, oral, every 6 hours PRN, anxiety, Post-op Give the tablet if the patient can tolerate oral medication. Indication(s): Anxiety
[] LORazepam (ATIVAN) injection	1 mg, intravenous, every 6 hours PRN, anxiety, Post-op Give if unable to take oral OR symptoms inadequately controlled on oral medication. Indication(s): Anxiety
Muscle Spasms (Single Response) Caution: muscle relaxants should be minimized ir	n patients over 65 years of age.
() cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 8 hours PRN, muscle spasms, Post-op
) methocarbamol (ROBAXIN) tablet	500 mg, oral, 3 times daily PRN, muscle spasms, Post-op
Muscle Pain	
] diazepam (VALIUM) tablet	5 mg, oral, every 6 hours PRN, anxiety, muscle pain, Post-op Indication(s): Other Specify: Muscle Pain
On-Q Pump (Single Response)	
() ropivacaine 0.2% (PF) (NAROPIN) solution for (Pump	On-Q 270 mL, infiltration, continuous, Post-op Regional Block: Location: Catheter: Continuous Rate: 6 mL/hr Bolus Dose (Optional):
() ropivacaine 0.5% (PF) (NAROPIN) solution for (Pump	On-Q 270 mL, infiltration, continuous, Post-op Regional Block: Location: Catheter: Continuous Rate: 6 mL/hr Bolus Dose (Optional):
PCA Medications - Not HMSJ (Single Response)	
() fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL Nursing PCA Orders	+
[] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 n Response)	nL (Single
() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA solution for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout: 10 Minutes Four Hour Dose Limit: 150 mcg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mcg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
[] Nursing PCA Orders	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 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	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 Response) 	nL (Single
 () hydromorPHONE (DILAUDID) 15 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive 	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout: 10 Minutes MAX (Four hour dose limit): 3 mg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. 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
[] Pasero Opioid-induced Sedation Scale	by proxy. Only the patient may press the dosing button. Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4.
[] Notify Physician	 Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy
 Stop the PCA pump and call ordering physician and/or CERT team for any of the following: 	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention
[] IV Fluids for provision of PCA Therapy (Single	
Response) () sodium chloride 0.9 % infusion	20 ml /br. introvonque, continuous
	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 Response	
() morPHINE PCA 30 mg/30 mL in sodium chloride 0.9% for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 20 mg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
	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 prescribe
[] Oten the DOA summer and call endering	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
[] IV Eluido for provision of BCA Thoropy (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
CA 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.
	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 education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family:
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump
[] 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
 Patient education Pain pump Pasero Opioid-induced Sedation Scale 	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: 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.

[]		
	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	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less
Ī	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
	V 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
Nurs	romorPHONE PCA (DILAUDID) 30 mg/30 mL · sing PCA Orders	
R	ydromorPHONE PCA (DILAUDID) 30 mg/30 m Response)	nL (Single
	hydromorPHONE (DILAUDID) 30 mg/30 mL	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout
	in sodium chloride 0.9% PCA for Opioid Naive	Interval: 10 Minutes MAX (Four hour dose limit): 3 mg intravenous, continuous
	Naive	For breakthrough pain: Administer only if respiratory rate 12 per minute
		or more and POSS level of 2 or less. RN may bolus *** every *** hours
		as needed. If pain persists, may increase PCA demand dose by *** mg
		ONCE. If more than 2 bolus doses in 12 hours or if pain persists after
		increase in demand dose, call ordering prescriber.
		Adjust doses for age, renal function or other factors.
	Jursing PCA Orders	Routine, Per unit protocol
11	[] Vital signs - T/P/R/BP	
		 Initially and every 30 minutes for 1 hour after PCA started, bolus
		administration or dose change; then
		administration or dose change; then - Every hour x 2 starting second 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
		administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus
	PCA Documentation	 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 Routine, Every 12 hours
	PCA Documentation	 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 Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data,
	PCA Documentation	 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 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
	PCA Documentation	 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 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
[]		 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 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
[]	PCA Documentation Patient education Pain pump	 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 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). Routine, Once, Starting S For 1 Occurrences Patient/Family:
[]		 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 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). Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump
[]		 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 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). Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA
[]	Patient education Pain pump	 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 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). 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.
[]		 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 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). 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
[]	Patient education Pain pump Pasero Opioid-induced Sedation Scale	 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 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). 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.
[]	Patient education Pain pump	 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 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). 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
[]	Patient education Pain pump Pasero Opioid-induced Sedation Scale	 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 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). 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
[]	Patient education Pain pump Pasero Opioid-induced Sedation Scale	 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 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). 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
[]	Patient education Pain pump Pasero Opioid-induced Sedation Scale	 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 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). 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
[]	Patient education Pain pump Pasero Opioid-induced Sedation Scale	 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 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). 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

 Stop the PCA pump and call ordering physician and/or CERT team for any of the 	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less
following:	 Severe and/or recent confusion or disorientation
	 POSS sedation level 4: Somnolent and difficult to arouse
	 Sustained hypotension (SBP less than 90)
	 Excessive nausea or vomiting
	- Urinary retention
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
morPHINE PCA 30 mg/30 mL + Nursing PCA Ord	ers
[] morPHINE PCA 30 mg/30 mL (Single Response	
() morPHINE PCA 30 mg/30 mL in sodium	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout
chloride 0.9% for Opioid Naive	Interval: 10 Minutes MAX (Four hour dose limit): 20 mg
	intravenous, continuous
	For breakthrough pain: Administer only if respiratory rate 12 per minute
	or more and POSS level of 2 or less. RN may bolus *** every *** hours
	as needed. If pain persists, may increase PCA demand dose by *** mg
	ONCE. If more than 2 bolus doses in 12 hours or if pain persists after
	increase in demand dose, call ordering prescriber.
	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
[] PCA Documentation	At the beginning (or end of each shift), prior to clearing PCA pump data,
	the following must be documented: doses delivered, number of attempts
	total amount of medication infused (in mg or mcg), and volume
	remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences
[] Patient education Pain pump	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.
1 Desare Onicid induced Sedetion Seels	Routine, Every 6 hours, Starting S
[] Pasero Opioid-induced Sedation Scale	
	Assess POSS while patient has an active PCA order. Contact provider if
1 Notify Physician	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 prescribe
[] Stop the DCA sump and call and arises	responsible for IV PCA therapy
[] Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute
physician and/or CERT team for any of the	or less
following:	- Severe and/or recent confusion or disorientation
	- POSS sedation level 4: Somnolent and difficult to arouse
	- Sustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting
	- Urinary retention
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous

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[X] naloxone (NARCAN) injection	0.2 mg, intravenous, once PRN, respiratory depression, as
	needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3).
	Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg).
	If naloxone is needed, please call the ordering physician
	and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15
	minutes for 3 times.
Mild Pain (Pain Score 1-3) or Fever	
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever Post-op Contact physician for fever GREATER than 101 F
Oral for Moderate Pain (Pain Score 4-6) (Single Re	
() HYDROcodone-acetaminophen (NORCO) 5-325 tablet	mg per 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication
() HYDROcodone-acetaminophen (NORCO) 7.5-32	5 mg 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6),
per tablet	Post-op Give if patient is able to tolerate oral medication
() traMADol (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
	Give if patient is able to tolerate oral medication
() oxyCODONE-acetaminophen (PERCOCET) 5-32	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6),
per tablet	Post-op Give if patient is able to tolerate oral medication
	Give if patient is able to tolerate oral medication
IV for Moderate Pain (Pain Score 4-6) (Single Resp	Give if patient is able to tolerate oral medication
IV for Moderate Pain (Pain Score 4-6) (Single Resp	Give if patient is able to tolerate oral medication bonse) o also order IV PRN pain medications from this section. 1 mg, intravenous, every 4 hours PRN, moderate pain (score
IV for Moderate Pain (Pain Score 4-6) (Single Resp If you select a PCA option you will not be allowed to	Give if patient is able to tolerate oral medication onse) o also order IV PRN pain medications from this section. 1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient cannot tolerate oral medications or a faster
 IV for Moderate Pain (Pain Score 4-6) (Single Response) If you select a PCA option you will not be allowed to () morPHINE injection () ketorolac (TORADOL) IV (Single Response) 	Give if patient is able to tolerate oral medication bonse) o also order IV PRN pain medications from this section. 1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient cannot tolerate oral medications or a faster onset of action is required.
IV for Moderate Pain (Pain Score 4-6) (Single Resp If you select a PCA option you will not be allowed to () morPHINE injection () ketorolac (TORADOL) IV (Single Response) Do NOT use in patients with eGFR LESS than 30	Give if patient is able to tolerate oral medication o also order IV PRN pain medications from this section. 1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient cannot tolerate oral medications or a faster
 IV for Moderate Pain (Pain Score 4-6) (Single Response) If you select a PCA option you will not be allowed to () morPHINE injection () ketorolac (TORADOL) IV (Single Response) Do NOT use in patients with eGFR LESS than 30 WARNING: Use is contraindicated for treatment of (CABG) surgery. () For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 	Give if patient is able to tolerate oral medication o also order IV PRN pain medications from this section. 1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient cannot tolerate oral medications or a faster onset of action is required. mL/min AND/OR patients LESS than 17 years of age.
 IV for Moderate Pain (Pain Score 4-6) (Single Resp If you select a PCA option you will not be allowed to () morPHINE injection () ketorolac (TORADOL) IV (Single Response) Do NOT use in patients with eGFR LESS than 30 WARNING: Use is contraindicated for treatment of (CABG) surgery. () For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection () For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND 	Give if patient is able to tolerate oral medication Donse) o also order IV PRN pain medications from this section. 1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient cannot tolerate oral medications or a faster onset of action is required. mL/min AND/OR patients LESS than 17 years of age. of perioperative pain OR in the setting of coronary artery bypass graft 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6),
 IV for Moderate Pain (Pain Score 4-6) (Single Resp If you select a PCA option you will not be allowed to () morPHINE injection () ketorolac (TORADOL) IV (Single Response) Do NOT use in patients with eGFR LESS than 30 WARNING: Use is contraindicated for treatment of (CABG) surgery. () For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection () For patients ages 17-64 AND weight 	Give if patient is able to tolerate oral medication Donse) o also order IV PRN pain medications from this section. 1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient cannot tolerate oral medications or a faster onset of action is required. mL/min AND/OR patients LESS than 17 years of age. of perioperative pain OR in the setting of coronary artery bypass graft 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op 30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6),
 IV for Moderate Pain (Pain Score 4-6) (Single Resp. If you select a PCA option you will not be allowed to () morPHINE injection () ketorolac (TORADOL) IV (Single Response) Do NOT use in patients with eGFR LESS than 30 WARNING: Use is contraindicated for treatment of (CABG) surgery. () For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection () For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection 	Give if patient is able to tolerate oral medication Donse) o also order IV PRN pain medications from this section. 1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient cannot tolerate oral medications or a faster onset of action is required. mL/min AND/OR patients LESS than 17 years of age. of perioperative pain OR in the setting of coronary artery bypass graft 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op 30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op
 IV for Moderate Pain (Pain Score 4-6) (Single Resp. If you select a PCA option you will not be allowed to () morPHINE injection () ketorolac (TORADOL) IV (Single Response) Do NOT use in patients with eGFR LESS than 30 WARNING: Use is contraindicated for treatment of (CABG) surgery. () For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection () For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection 	Give if patient is able to tolerate oral medication Donse) o also order IV PRN pain medications from this section. 1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient cannot tolerate oral medications or a faster onset of action is required. mL/min AND/OR patients LESS than 17 years of age. of perioperative pain OR in the setting of coronary artery bypass graft 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op 30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op Sponse)) 1 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op
 IV for Moderate Pain (Pain Score 4-6) (Single Resp. If you select a PCA option you will not be allowed to () morPHINE injection () ketorolac (TORADOL) IV (Single Response) Do NOT use in patients with eGFR LESS than 30 WARNING: Use is contraindicated for treatment of (CABG) surgery. () For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection () For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection Oral for Severe Pain (Pain Score 7-10) (Single Ress () HYDROcodone-acetaminophen (NORCO 10-325) 	Give if patient is able to tolerate oral medication Donse) o also order IV PRN pain medications from this section. 1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient cannot tolerate oral medications or a faster onset of action is required. mL/min AND/OR patients LESS than 17 years of age. of perioperative pain OR in the setting of coronary artery bypass graft 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op 30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op 30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op 1 tablet, oral, every 4 hours PRN, severe pain (score 7-10),

 () oxyCODone-acetaminophen (PERCOCET) 10-32 per tablet 	 1 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
IV for Severe Pain (Pain Score 7-10) (Single Respondent If you select a PCA option you will not be allowed to	onse) o also order IV PRN pain medications from this section.
() morPHINE injection	2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient cannot tolerate oral medications or a faster onset of action is required.
() hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed
Post-Op Pain Medications: Additional	
[] acetaminophen (OFIRMEV) injection	1,000 mg, intravenous, for 15 Minutes, once, For 1 Doses, PACU Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
Antiemetics - HMH, HMSJ, HMW, HMSTC, HMTW (Dnly
[X] ondansetron (ZOFRAN) IV or Oral (Selection Req	juired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[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	
[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 tolerar oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiemetics - HMSL, HMWB Only	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Req	uired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet [X] ondansetron (ZOFRAN) 4 mg/2 mL injection	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	
[X] promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerat oral medication.

[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiemetics - HMSTJ Only	
X] ondansetron (ZOFRAN) IV or Oral (Selection Re	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[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 o action is required.
X] promethazine (PHENERGAN) IVPB or Oral or Re	ectal "Or" Linked Panel
[X] promethazine (PHENERGAN) 25 mg in	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea,
sodium chloride 0.9 % 50 mL IVPB	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.
tching: For Patients GREATER than 77 years old	(Single Response)
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
tching: For Patients between 70-76 years old (Si	ngle Response)
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
Itching: For Patients LESS than 70 years old (Sin	ale Response)
() diphenhydramine (BENADRYL) Oral tablet or IV	"Or" Linked Panel
[] diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 6 hours PRN, itching, Post-op
[] diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, 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 	S than 60 mg, oral, 2 times daily PRN, itching, Post-op
Insomnia: For Patients GREATER than 70 years o	old (Single Response)
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
Insomnia: For Patients LESS than 70 years old (S	Single Response)
() zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
VTE	
DVT Risk and Prophylaxis Tool (Single Response	e) (Selection Required)
VTE/DVT Risk Definitions	URL:
	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
Anticoagulation Guide for COVID patients	DEFINITIONS.pdf" URL:
Anticoagulation Guide for COVID patients	"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)	
 (i) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (
Required)	•
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] 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 (Sing	
() 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
Moderate Risk - Patient currently has an acti	ve order for
therapeutic anticoagulant or VTE prophylaxis	
Required)	
Moderate risk of VTE	Routine, Once, PACU & Post-op
] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	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 (Sing	le Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
	rdar far
High Risk - Patient currently has an active or	
therapeutic anticoagulant or VTE prophylaxis	s (Selection
therapeutic anticoagulant or VTE prophylaxis Required)	·
therapeutic anticoagulant or VTE prophylaxis Required)] High risk of VTE	Routine, Once, PACU & Post-op
therapeutic anticoagulant or VTE prophylaxis Required)] High risk of VTE] Patient currently has an active order for	Routine, Once, PACU & Post-op Routine, Once
therapeutic anticoagulant or VTE prophylaxis Required)] High risk of VTE	Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
therapeutic anticoagulant or VTE prophylaxis Required)] High risk of VTE] Patient currently has an active order for	Routine, Once, PACU & Post-op Routine, Once
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 therapeutic anticoagulant or VTE prophylaxis Required)] High risk of VTE] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
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 therapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Sing () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous High Risk - Patient currently has an active or therapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op le Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Routine, Once, Continuous, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Ie Response) Routine, Once No mechanical VTE prophylaxis due to the following
 therapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Sing () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous High Risk - Patient currently has an active or therapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op le Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Routine, Once, PACU & Post-op Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op le Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

Low Risk Definition Age less than 60 years and NO other VTE risk fac	tors
[] Low Risk (Single Response) (Selection Require	
() Low risk of VTE	Routine, Once
() LOW TISK OF VIE	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	quired)
contraindicated. One or more of the following medical conditions:	echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy	leg swelling, ulcers, venous stasis and nephrotic syndrome
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	Deutine Orece DAOU & Deet er
[] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - S	Routine, Once, PACU & Post-op
 Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required) 	
 Contraindications exist for pharmacologic prop BUT order Sequential compression device 	
 [] Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	
 Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 enoxaparin (LOVENOX) injection (Single Resp (Selection Required) 	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCI 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

() 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 CrCI GREATER than 30 mL/min
	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
 () heparin (porcine) injection (Recommended 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) (Sele	
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	
) MODERATE Risk of DVT - Non-Surgical (Selection Required)	ו
Moderate Risk Definition	echanical prophylaxis is optional unless pharmacologic is
	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy	5
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selecti Required) 	ion
() Contraindications exist for pharmacologic propl Order Sequential compression device	hylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	t

(

AND mechanical prophylaxis	
 [] Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
) enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
() 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 3 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 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op 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) (Sele Required)	ection
) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
) Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op

Bo On Thi or j Se Ao Ab Ab	th Risk Definition th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke story of PE	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] [High Risk (Selection Required)	
[]	High risk of VTE	Routine, Once
	High Risk Pharmacological Prophylaxis - Surgic (Single Response) (Selection Required)	al Patient
$\overline{()}$	Contraindications exist for pharmacologic	Routine, Once
	prophylaxis	No pharmacologic VTE prophylaxis due to the following
		contraindication(s):
()	enoxaparin for VTE Prophylaxis (Single Respo	
()	enoxaparin (LOVENOX) 30 mg daily at	30 mg, subcutaneous, daily at 1700
\overline{C}		Indication(s): VTE Prophylaxis
()		30 mg, subcutaneous, every 12 hours
\overline{C}	hours) enoxaparin (LOVENOX) 40 mg daily at	Indication(s): VTE Prophylaxis 40 mg, subcutaneous, daily at 1700
()	1700	Indication(s): VTE Prophylaxis
$\overline{(}$		40 mg, subcutaneous, every 12 hours
()	hours	Indication(s): VTE Prophylaxis
$\overline{()}$	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 CrCI LESS than 30 mL/min.
		This patient has a history of or suspected case of Heparin-Induced
		Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
$\overline{()}$	HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
()	with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Sel Required)	ection
$\overline{()}$	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 Required)

High Risk Definition	
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	must de addressed.
	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	
Severe fracture of hip, pelvis or leg	, , ,
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	urgical
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
 enoxaparin (LOVENOX) injection (Single Resp (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	30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
() potients weight 140 kg or CDEATED AND	Indication(s): VTE Prophylaxis
 patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min 	40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCI GREATER than 30
GIGI GREATER (Han 50 HE/Hill	mL/min
	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op
() () , , ,	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs) () HEParin (porcine) injection - For Patients	than 50kg and age GREATER than 75yrs.
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) (Sel Required)	
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 () HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required) 	1

High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Eactor V Leiden, prothrombin vari	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required)	r Knee
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() aspirin chewable tablet	PACU & Post-op 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 R	
[] 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)	·
() 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, PACU & Post-op
() enoxaparin (LOVENOX) syringe - For	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op
Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU
Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	& Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min. Indication(s): VTE Prophylaxis
 enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or 	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op
GREATER and CrCI GREATER than 30	For Patients weight 140 kg or GREATER and CrCI GREATER than 30
mL/min	mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

() UEDaria (paraina) injection For Datiente	
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selectio Required)	
 rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
anticoagulant or VTE prophylaxis with Risk Stratifi	
 (Single Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Selection Required) 	order for
 (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required) 	order for Selection
 (Single Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Selection Required) 	order for
 (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single 1) 	order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response)
 (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 (Single Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) Moderate risk of VTE Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single ()) Contraindications exist for mechanical 	order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following
 (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single I) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression 	order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op order for
 (Single Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single I) Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis 	order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op order for Selection Routine, Once, PACU & Post-op
 (Single Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single I) Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis 	order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op order for Selection
 (Single Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device (Single () Contraindications exist for mechanical prophylaxis Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) Moderate risk of VTE Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Sequired) 	order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op

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

Routine, Once, PACU & Post-op
Surgical
hylaxis "And" Linked Panel
Routine, Once
No pharmacologic VTE prophylaxis due to the following
contraindication(s):
PACU & Post-op
Routine, Continuous, PACU & Post-op
hylaxis "And" Linked Panel
Routine, Once
No pharmacologic VTE prophylaxis due to the following
contraindication(s):
PACU & Post-op
Routine, Once
No mechanical VTE prophylaxis due to the following
contraindication(s):
PACU & Post-op ponse)
·
40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
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
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
40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACL
& Post-op
For Patients weight 140 kg or GREATER and CrCI GREATER than 30
mL/min Indication(s): VTE Prophylaxis
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):
5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
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.
7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
Post-op
For patients with weight GREATER than 100 kg.
oral, daily at 1700, Starting S+1, PACU & Post-op
Indication:
STAT, Until discontinued, Starting S Indication:

Required)

· · ·	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
• •	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
	DERATE Risk of DVT - Non-Surgical (Selection juired)	1
Pha cont	derate Risk Definition rmacologic prophylaxis must be addressed. Me traindicated. e or more of the following medical conditions:	chanical prophylaxis is optional unless pharmacologic is
CHF stro Age	F, MI, lung disease, pneumonia, active inflamma ke, rheumatologic disease, sickle cell disease, l 60 and above	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
Hist	Itral line ory of DVT or family history of VTE cipated length of stay GREATER than 48 hours	
Estr	s than fully and independently ambulatory ogen therapy derate or major surgery (not for cancer)	
	or surgery within 3 months of admission	
	Ioderate Risk (Selection Required)	
	Moderate risk of VTE	Routine, Once, PACU & Post-op
N	Ioderate Risk Pharmacological Prophylaxis - Ion-Surgical Patient (Single Response) (Selection Required)	on
	Contraindications exist for pharmacologic proph Order Sequential compression device	nylaxis - "And" Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[]	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
• •	Contraindications exist for pharmacologic proph AND mechanical prophylaxis	
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
()	patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min
		Indication(s): VTE Prophylaxis
()	patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCI GREATER than 30
		mL/min Indication(s): VTE Prophylaxis
ted o	n 9/6/2022 at 2:23 PM from POC environment	Page 30 of

	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
 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) (Sel Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
HIGH Risk of DVT - Surgical (Selection Required)	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke	
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	Routine, Once
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	al Patient
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic	Routine, Once
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Surgic (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis	al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin for VTE Prophylaxis (Single Response)	al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse)
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin for VTE Prophylaxis (Single Respondent () enoxaparin (LOVENOX) 30 mg daily at 1700	al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin for VTE Prophylaxis (Single Respondent () enoxaparin (LOVENOX) 30 mg daily at 1700 () enoxaparin (LOVENOX) 30 mg every 12 hours	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): mse) 30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk Of VTE [] High Risk Pharmacological Prophylaxis - Surgic (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin for VTE Prophylaxis (Single Respondent () enoxaparin (LOVENOX) 30 mg daily at 1700 () enoxaparin (LOVENOX) 30 mg every 12 hours () enoxaparin (LOVENOX) 40 mg daily at 1700	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis 40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin for VTE Prophylaxis (Single Respondent () enoxaparin (LOVENOX) 30 mg daily at 1700 () enoxaparin (LOVENOX) 30 mg every 12 hours () enoxaparin (LOVENOX) 40 mg daily at	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis 40 mg, subcutaneous, daily at 1700

() 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 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	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
 Place/Maintain sequential compression device continuous 	Routine, Continuous
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
nronnvigvie	
prophylaxis	No pharmacologic VTE prophylaxis due to the following
μισμιγιαλίο	contraindication(s):
	contraindication(s): PACU & Post-op
 () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) 	contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	contraindication(s): PACU & Post-op ponse)
 () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe 	contraindication(s): PACU & Post-op ponse) 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis
 () enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	contraindication(s): PACU & Post-op ponse) 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op
 () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe 	contraindication(s): PACU & Post-op ponse) 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min
 () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min 	contraindication(s): PACU & Post-op ponse) 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
 () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND 	contraindication(s): PACU & Post-op ponse) 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op
 () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min 	 contraindication(s): PACU & Post-op ponse) 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30
 () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND 	contraindication(s): PACU & Post-op ponse) 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
 () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND 	 contraindication(s): PACU & Post-op ponse) 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30
 () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 	 contraindication(s): PACU & Post-op ponse) 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCI GREATER than 30
 () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND 	 contraindication(s): PACU & Post-op ponse) 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
 () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	 contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
 () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND 	 contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, PACU & Post-op
 () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	 contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of
 () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	 contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
 () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	 contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive
 () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	 contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
 () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	 contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive

() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) HIGH Risk of DVT - Surgical (Hip/Knee) (Selectior Required)	ו
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip or	
(Arthroplasty) Surgical Patient (Single Response	
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	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 Re	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
 enoxaparin (LOVENOX) injection (Single Resp (Selection Required) 	ponse)
() 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, PACU & Post-op Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACL
Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	& Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min. Indication(s): VTE Prophylaxis

$\overline{()}$		
()	enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACL & Post-op
	GREATER and CrCI GREATER than 30	For Patients weight 140 kg or GREATER and CrCI GREATER than 30
	mL/min	mL/min
$\overline{()}$	fondaparinux (ARIXTRA) injection	Indication(s): VTE Prophylaxis 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 CrCI LESS than 30 mL/min
		This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
()	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
	for patients with high risk of bleeding, e.g.	Post-op
,	weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
	HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
	with weight GREATER than 100 kg	Post-op
		For patients with weight GREATER than 100 kg.
	Rivaroxaban and Pharmacy Consult (Selection Required)	
[]	rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op
	knee arthroplasty planned during this admission	Indications: VTE prophylaxis
[]	Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
<u> </u>	(XARELTO) therapy	Indications: VTE prophylaxis
. ,	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
	(COUMADIN) lechanical Prophylaxis (Single Response) (Sele	Indication:
	Required)	
	• •	Routine, Once
()	Contraindications exist for mechanical	
	Contraindications exist for mechanical prophylaxis	
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
()	prophylaxis Place/Maintain sequential compression	No mechanical VTE prophylaxis due to the following contraindication(s):
()	prophylaxis Place/Maintain sequential compression device continuous	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() .abs	prophylaxis Place/Maintain sequential compression device continuous Today	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() .abs	prophylaxis Place/Maintain sequential compression device continuous	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Labs lemato	prophylaxis Place/Maintain sequential compression device continuous Today blogy/Coagulation	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
() .abs lemato] Hen] CBC	prophylaxis Place/Maintain sequential compression device continuous Today blogy/Coagulation noglobin and hematocrit	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Once, Post-op
() Labs lemato] Hen] CBC] Prot	prophylaxis Place/Maintain sequential compression device continuous Today blogy/Coagulation noglobin and hematocrit C with platelet and differential	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Once, Post-op Once, Post-op
() lemato] Hen] CBC] Prot] Part	prophylaxis Place/Maintain sequential compression device continuous Today Dlogy/Coagulation noglobin and hematocrit C with platelet and differential thrombin time with INR tial thromboplastin time stry	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op
() lemato] Hen] CBC] Prot] Part Chemis] Bas	prophylaxis Place/Maintain sequential compression device continuous Today Dogy/Coagulation noglobin and hematocrit C with platelet and differential thrombin time with INR tial thromboplastin time stry ic metabolic panel	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op
() lemato] Hen] CBC] Prot] Part Chemis] Bas] Mag	prophylaxis Place/Maintain sequential compression device continuous Today Dogy/Coagulation noglobin and hematocrit C with platelet and differential thrombin time with INR tial thromboplastin time stry ic metabolic panel gnesium	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op
() lemato] Hen] CBC] Prot] Part Chemis] Bas] Mag	prophylaxis Place/Maintain sequential compression device continuous Today Dogy/Coagulation noglobin and hematocrit C with platelet and differential thrombin time with INR tial thromboplastin time stry ic metabolic panel	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op
() () lemato] Hen] CBC] Prot] Part Chemiss] Mag] Calo	prophylaxis Place/Maintain sequential compression device continuous Today Dogy/Coagulation noglobin and hematocrit C with platelet and differential thrombin time with INR tial thromboplastin time stry ic metabolic panel gnesium cium Tomorrow	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op
() () lemato] Hen] CBC] Prot] Part Chemiss] Mag] Calo	prophylaxis Place/Maintain sequential compression device continuous Today Dogy/Coagulation noglobin and hematocrit C with platelet and differential thrombin time with INR tial thromboplastin time stry ic metabolic panel gnesium cium	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op
() emato emato Hen CBC Prot Prot Part Chemis Bas Mag Calo Calo Calos Iemato	prophylaxis Place/Maintain sequential compression device continuous Today Dogy/Coagulation noglobin and hematocrit C with platelet and differential thrombin time with INR tial thromboplastin time stry ic metabolic panel gnesium cium Tomorrow	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op
() lemato] Hen] CBC] Prot] Part Chemis] Bas] Mag] Calo Labs lemato] Hen	prophylaxis Place/Maintain sequential compression device continuous Today Dogy/Coagulation noglobin and hematocrit C with platelet and differential thrombin time with INR tial thromboplastin time stry ic metabolic panel gnesium cium Tomorrow Dogy/Coagulation	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op
() -abs Hemato Hen Chemis Bas Mag Chemis Chemis Chemis Chemis Chemis Hemato Hemato Hen CBC	prophylaxis Place/Maintain sequential compression device continuous Today Dogy/Coagulation noglobin and hematocrit C with platelet and differential thrombin time with INR tial thromboplastin time stry ic metabolic panel gnesium cium Tomorrow Dogy/Coagulation noglobin and hematocrit	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op Once, Post-op AM draw For 1 Occurrences, Post-op

Chemistry

[]	Basic metabolic panel	AM draw For 1 Occurrences, Post-op
	Magnesium	AM draw For 1 Occurrences, Post-op
_	Calcium	AM draw For 1 Occurrences, Post-op

Cardiology

Imaging

Other Studies

Respiratory

Respiratory

[] Incentive spirometry

Routine, Every hour For 999 Occurrences 10 times per hour, Post-op

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

] Consult to Case Management	Consult Reason:
	Post-op
Consult to Social Work	Reason for Consult:
	Post-op
Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable)
	Are there any restrictions for positioning or mobility?
	Please provide safe ranges for HR, BP, O2 saturation(if
	values are very abnormal):
	Weight Bearing Status:
	Post-op
Consult PT wound care	Special Instructions:
	Location of Wound?
	Post-op
] Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that
	apply):
	Are there any restrictions for positioning or mobility?
	Please provide safe ranges for HR, BP, O2 saturation(if
	values are very abnormal):
	Weight Bearing Status:
	Post-op
Consult to Nutrition Services	Reason For Consult?
	Purpose/Topic:
	Post-op
Consult to Spiritual Care	Reason for consult?
	Post-op
Consult to Speech Language Pathology	Routine, Once
	Reason for consult:
	Reason for SLP?
	Post-op
Consult to Respiratory Therapy	Reason for Consult?
	Post-op

Additional Orders