Sports Medicine Lower Extremity Post Op [1799]

General	
Common Present on Admission Diagnosis	
[] Acidosis	Post-op
Acute Post-Hemorrhagic Anemia	Post-op
1 Acute Renal Failure	Post-op
Acute Respiratory Failure	Post-op
Acute Thromboembolism of Deep Veins of Lower	Post-op
Extremities	1 00t 0p
[] 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
Destructive Chronic Bronchitis with Exacerbation	Post-op
Other Alteration of Consciousness	Post-op
Defects 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 R	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:
(A) A Lee's (a lee a Cara)	PACU & Post-op
() Admit to inpatient	Admitting Physician:
	Level of Care: Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
	PACU & Post-op
	•
Admission or Observation (Single Response)	

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

[] Consult to Palliative Care Service	Priority: Reason for Consult? Order?
	Name of referring provider: Enter call back number:
[] Consult to Social Work	Reason for Consult: Post-op
() Modified Code	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: Post-op
[] Treatment Restrictions ((For use when a patient is in a cardiopulmonary arrest))	<u> </u>
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum, Post-op
Contact isolation status	Details
Droplet isolation statusEnteric isolation status	Details
•	Details
Precautions	
[] Aspiration precautions	Post-op
[] Fall precautions	Increased observation level needed: Post-op
[] Latex precautions	Post-op
[] Seizure precautions	Increased observation level needed: Post-op
Nursing	
Vital Signs	
[] Vital signs - T/P/R/BP (Q15min)	Routine, Every 15 min For 999 Occurrences Times 4, then every 30 minutes times 4, then every hour times 4, then
	every 4 hours times 24 hours, then every 8 hours if stable., PACU & Post-op
[] Vital signs - T/P/R/BP (Q4 hours)	Routine, Every 4 hours, Post-op
Activity	
[] Ambulate patient	Routine, Every shift Specify:
[] Weight bearing	Post-op Routine, Until discontinued, Starting S Weight Bearing Status: Extremity: Post-op
Equipment	
[] Obtain supply / device:	Routine, Once Obtain: PACU & Post-op
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[] CPM Nursing Assessments	Routine, Daily Location to start: Apply to: CPM range from (degrees): 0 CPM range to (degrees): 45 Daily duration: Advance or Progress: Other Specify: 5-10 degrees as tolerated Night time use: Wear intermittently at night Post-op
[X] Peripheral vascular assessment	Routine, Per unit protocol
[74] Tomphoral Yassalar assessment	Until discharge., Post-op
Nursing Intervention	
[] Intake and output	Routine, Every shift, Post-op
[] Insert and Maintain Foley	D. d. O.
[] Insert Foley catheter	Routine, Once Type:
	Size:
	Urinometer needed:
	If unable to void., Post-op
[] Foley Catheter Care	Routine, Until discontinued, Starting S For 48 Hours Orders: to gravity Post-op
[] Remove Foley catheter	Routine, Once, Starting S+1 Post-op day ***, Post-op
[] Straight cath	Routine, Every 6 hours If unable to void on 3rd occasion, insert foley and call MD., Post-op
[] Brace (singular) on at all times, locked in extension Remove for CPM.	on. Routine, Until discontinued, Starting S, Post-op
Diet	
Diet - Clear liquids, advance as tolerated to Regu	Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Regular Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Please assess bowel sounds between progressions., PACU & Post-op
[] Diet - Clear liquids, advance as tolerated to Diaber 1800 Carb Control	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Diabetic 1800 Carb Control Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Please assess bowel sounds between progressions., PACU & Post-op

[] Diet - Clear liquids, advance as tolerated to Heart Healthy	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Heart Healthy Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Please assess bowel sounds between progressions., PACU & Post-op
[] Diet - Clear liquids, advance as tolerated to Renal (80GM Pro, 2-3GM Na, 2-3GM K)	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Renal (80GM Pro, 2-3GM Na, 2-3GM K) Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Please assess bowel sounds between progressions., PACU & Post-op
Notify	
Notify Consulting Provider of patient's location	Routine, Once For 1 Occurrences, Post-op
[] Notify Physician - Anesthesia for all issues with Nerve Block	Routine, Until discontinued, Starting S, Contact Anesthesia for all issues with Nerve Block, Post-op
[] Notify Physician if changes in airway status, vital signs, change in Neurological status or excessive wound drainage	Routine, Until discontinued, Starting S, Post-op
[] Contact Anesthesia for all issues with Nerve Block Education	Routine, Until discontinued, Starting S
[] Patient education - Instruct Patient on Lovenox Injection	Routine, Once Patient/Family: Patient Education for: Other (specify) Specify: Instruct Patient on Lovenox Injection Post-op
IV Fluids	
IV Fluids (Single Response)	
() sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, Post-op
() sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op
() lactated Ringer's infusion	75 mL/hr, intravenous, continuous, Post-op
() dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op
() dextrose 5 % and sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, at 100 mL/hr, continuous, Post-op
() sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, Post-op
() sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op
Medications	

Medications

Pain Medications

Check Prescription Drug Monitoring Program.

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

Texas PMP

Pain Management Guide

Opioid PCA Conversion to Oral Opioid Regimen

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

Scheduled Pain Medications (Single Respons	
	resent and patient unable to reliably communicate needs.
Do not order both scheduled and PRN NSAID	s/APAP simultaneously.
() contaminant on (TVI FNOL) FOO may tablet	or liquid "Or" Linked Panel
() acetaminophen (TYLENOL) 500 mg tablet [] acetaminophen (TYLENOL) tablet	
[] acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours scheduled Use if patient can tolerate oral tablet.
[] acetaminophen (TYLENOL) liquid	500 mg, oral, every 6 hours scheduled
() ((((((((((((((((((
() acetaminophen (TYLENOL) 650 mg tablet [] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours scheduled
[] acetaminophen (TYLENOL) tablet	Use if patient can tolerate oral tablet.
[] acotominanhan (TVI ENOL) liquid	·
[] acetaminophen (TYLENOL) liquid	650 mg, oral, every 6 hours scheduled
() NSAIDS: For Patients LESS than 65 years	old (Single
Response)	suspension "Or" Linked Panel
() ibuprofen (ADVIL, MOTRIN) tablet or oral	
[] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours scheduled Not recommended for patients with eGFR LESS than 30 mL/min or
[1] ihuprofon (MOTDINI) 100 mg/F ml	acute kidney injury. Give if patient is able to tolerate oral medication.
[] ibuprofen (MOTRIN) 100 mg/5 mL	600 mg, oral, every 6 hours scheduled
suspension	Not recommended for patients with eGFR LESS than 30 mL/min or
() naproxen (NAPROSYN) tablet	acute kidney injury.
() celecoxib (CeleBREX) capsule	250 mg, oral, 2 times daily
	100 mg, oral, 2 times daily
() ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours scheduled For patients LESS THAN 65 years old. Not recommended for patients
	with eGFR LESS than 30 mL/min or acute kidney injury.
() NSAIDS: For Patients GREATER than or E	
years old (Single Response)	WOAL 10 00
() ibuprofen (ADVIL, MOTRIN) tablet or oral	suspension "Or" Linked Panel
[] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours scheduled, Post-op
, , ,	Not recommended for patients with eGFR LESS than 30 mL/min or
	acute kidney injury. Give if patient is able to tolerate oral medication.
[] ibuprofen (MOTRIN) 100 mg/5 mL	600 mg, oral, every 6 hours scheduled, Post-op
suspension	Not recommended for patients with eGFR LESS than 30 mL/min or
·	acute kidney injury.
	Use if patient cannot swallow tablet.
() naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily, Post-op
•	Not recommended for patients with eGFR LESS than 30 mL/min or
	acute kidney injury.
() celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily, Post-op
	For age GREATER than or EQUAL to 65 yo and patients LESS than
	50kg. Not recommended for patients with eGFR LESS than 30 mL/mi
	or acute kidney injury.
() ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours scheduled, Post-op
DDN Dain Madiantiana	·

PRN Pain Medications

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

[] PRN Oral Medications for Mild Pain (Pain Score 1-3): For Patients LESS than 65 years old (Single Response)		
Do not order both scheduled and PRN NSAIDs	/APAP simultaneously.	
() acetaminophen (TYLENOL) tablet OR oral sus OR rectal suppository	spension "Or" Linked Panel	
Maximum of 4 grams of acetaminophen per da sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all	
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet.	
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.	
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution.	
() ibuprofen (ADVIL, MOTRIN) tablet or oral sus	pension "Or" Linked Panel	
[] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication.	
[] ibuprofen (MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet.	
() naproxen (NAPROSYN) tablet	250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.	
() celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily PRN, mild pain (score 1-3), Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.	
() ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3) Give if patient unable to swallow tablet.	
[] PRN Oral Medications for Mild Pain (Pain Score For Patients GREATER than or EQUAL to 65 y (Single Response)		
response. Adjust dose for renal/liver function ar	sent and patient unable to reliably communicate needs. Monitor closely for age. Do not order both scheduled and PRN NSAIDs/APAP Of and short acting IV simultaneously. Oral option and IV options to be	
() acetaminophen (TYLENOL) tablet OR oral sus	spension "Or" Linked Panel	
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all	
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient can tolerate oral tablet.	
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.	
[] PRN Oral Medications for Moderate Pain (Pain 4-6): For Patients LESS than 65 years old (Sing Response)	gle	
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir "Or" Linked Panel		
[] acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:	

[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
() HYDROcodone-acetaminophen 5/325 (NORO OR elixir	
Maximum of 4 grams of acetaminophen per of sources)	day from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Tablets may be crushed. Give if patient able to swallow tablet
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Max daily dose 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
PRN Oral Medications for Moderate Pain (Pair 4-6): For Patients GREATER than or EQUAL t old (Single Response)	to 65 years
() acetaminophen-codeine (TYLENOL #3) table	
[] acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
() HYDROcodone-acetaminophen 5/325 (NORO OR elixir	
Maximum of 4 grams of acetaminophen per of sources)	day from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
() oxyCODONE (ROXICODONE) immediate release tablet	2.5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Tablets may be crushed. Give if patient able to swallow tablet
() traMADoL (ULTRAM) tablet	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
[] PRN IV Medications for Moderate Pain (Pain S For Patients LESS than 65 years old if unable Oral Pain Medication. (Single Response)	
	ducts in patients with renal dysfunction, particularly in ESRD, is not e utilized.

() morPHINE injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op
	Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain
() (((((((((unrelieved 60 minutes after giving oral pain medications
() ketorolac (TORADOL) IV (Single Response)Do NOT use in patients with eGFR LESS than	20 ml /min
	ent of perioperative pain OR in the setting of coronary artery bypass graft
() For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient is NPO, unable to swallow oral medication, or if pain
(TORADOL) injection	unrelieved 60 minutes after giving oral pain medications
[] PRN IV Medications for Moderate Pain (Pain S For Patients GREATER than or EQUAL to 65 y unable to tolerate Oral Pain Medication. (Single Response)	rears old if
	ducts in patients with renal dysfunction, particularly in ESRD, is not utilized. (adjust dose for renal/liver function and age)
() morPHINE injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain
	unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op
	Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications
[] PRN Oral Medications for Severe Pain (Pain S 7-10): For Patients LESS than 65 years old (Sin Response)	core
	ducts in patients with renal dysfunction, particularly in ESRD, is not utilized.
() HYDROcodone-acetaminophen 10/325 (NOR OR elixir	CO) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per d sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
() morPHINE immediate-release tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet
() oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet
[] PRN Oral Medications for Severe Pain (Pain S 7-10): For Patients GREATER than or EQUAL years old (Single Response)	to 65
Due to risk of toxicity, the use of morphine proc recommended. An alternative opioid should be	lucts in patients with renal dysfunction, particularly in ESRD, is not utilized.
() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Oral tablets may be crushed. Give if patient able to swallow tablet

() morPHINE immediate-release tablet	7.5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Oral tablets may be crushed. Give if patient able to swallow tablets.
() HYDROcodone-acetaminophen 7.5/325 (NOF OR elixir	
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
() HYDROcodone-acetaminophen 10/325 (NOR OR elixir	CO) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per descriptions sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, severe pain (score 7-10) Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
[] PRN IV Medications for Severe Pain (Pain Sco For Patients LESS than 65 years old if unable t Oral Pain Medication. (Single Response)	
, <u> </u>	ducts in patients with renal dysfunction, particularly in ESRD, is not
<u> </u>	
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
() morPHINE injection	4 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
[] PRN IV Medications for Severe Pain (Pain Sco For Patients GREATER than or EQUAL to 65 y unable to tolerate Oral Pain Medication. (Single Response)	re 7-10): rears old if
	ducts in patients with renal dysfunction, particularly in ESRD, is not utilized.
() fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
() morPHINE injection	2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
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PCA Medications - Not HMSJ (Single Response) () fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL +

[] fontaNVL DCA (CLIDLIMAZE) 4500 mag/20 ml	(Single
[] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL	(Single
Response) () fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA solution for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout: 10 Minutes Four Hour Dose Limit: 150 mcg
PCA solution for Opiola Naive	intravenous, continuous
	For breakthrough pain: Administer only if respiratory rate 12 per minute
	or more and POSS level of 2 or less. RN may bolus *** every *** hours
	as needed. If pain persists, may increase PCA demand dose by *** 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.
II. DOA Day was to face	- 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
I 1 Detient advection Dain numn	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
[] I asero Opioid-iriduced Sedation Scale	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
	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
hydromorPHONE PCA (DILAUDID) 15 mg/30 mL	

[] hydromorPHONE PCA (DILAUDID) 15 mg/30 mL (Single Response)

()	hydromorPHONE (DILAUDID) 15 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive	Nurse Loading Dose: Not Ordered 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.
F 1	Niversiana DCA Oudeus	Adjust doses for age, renal function or other factors.
	Nursing PCA Orders	Deutine Der unit pretend
	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)	00 1/4 : 1
()	sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
()	dextrose 5% infusion	30 mL/hr, intravenous, continuous
1, ,	orPHINE PCA 30 mg/30 mL + Nursing PCA Orde	
[]	morPHINE PCA 30 mg/30 mL (Single Response morPHINE PCA 30 mg/30 mL in sodium chloride 0.9% for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 20 mg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
[]	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.
[] PCA Documentation	- Immediately following PCA administration tubing change Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button.
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4.
[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion () dextrose 5% infusion	30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous
PCA Medications - HMSJ Only (Single Response) () fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders	
[] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL Response)	(Single
() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA solution for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout: 10 Minutes Four Hour Dose Limit: 150 mcg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mcg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. Adjust doses for age, renal function or other factors.
[] Nursing PCA Orders	, act accounts ago, remaindment of other factors.
[] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change

[] PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume
	remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA
	by proxy. Only the patient may press the dosing button.
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S 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	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
() hydromorPHONE PCA (DILAUDID) 30 mg/30 mL Nursing PCA Orders	+
[] hydromorPHONE PCA (DILAUDID) 30 mg/30 r Response)	nL (Single
() hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 3 mg intravenous, continuous
	For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
	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
II DCA Decumentation	- 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)	
$\overline{()}$	sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
()	dextrose 5% infusion	30 mL/hr, intravenous, continuous
() mo	rPHINE PCA 30 mg/30 mL + Nursing PCA Orde	ers
[]	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.
l		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 analgesiaPrior to administration of any other narcotics, antiemetics, or
	sedatives other than those ordered by the prescriber responsible for IV PCA therapy
	- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy
[] Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute
physician and/or CERT team for any of the	or less
following:	 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 vomitingUrinary retention
[] IV Fluids for provision of PCA Therapy (Single Response)	Officially retermion
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
(,	,
Respiratory Depression and Somnolence	
[X] naloxone (NARCAN) injection	0.2 mg, intravenous, once PRN, respiratory depression, as
	needed for respiratory rate 8 per minute or less OR patient
	somnolent and difficult to arouse (POSS GREATER than 3).,
	Post-op
	Repeat Naloxone 0.2 mg once in 2 minutes if necessary
	(MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician
	and/or CERT
	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15
	minutes for 3
	times.
Antiemetics - HMH, HMSJ, HMW, HMSTC, HMTW C	an lu
[X] ondansetron (ZOFRAN) IV or Oral (Selection Req	
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op
	Give if patient is UNable to tolerate oral medication OR if a faster onset of
IVI manusth aring (DI IENIED CANI) IV an Oral an Dagtal	action is required.
[X] promethazine (PHENERGAN) IV or Oral or Rectal [X] promethazine (PHENERGAN) 12.5 mg IV	
[/] promemazine (FRENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
	tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate
	oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
	tolerate oral medication.
Antiemetics - HMSL, HMWB Only	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Req	· · · · · · · · · · · · · · · · · · ·
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op
	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
X promethazine (PHENERGAN) IV or Oral or Rectal	·
1 Promodiscino (rineración de la Ordi or Reoldi	

[X] promethazine (PHENERGAN) injection	Post-op	ravenous, every 6 hours PRN, nausea, vomiting, PACU &
		nsetron (ZOFRAN) is ineffective and patient is UNable to or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, ora	al, every 6 hours PRN, nausea, vomiting, Post-op nsetron (ZOFRAN) is ineffective and patient is able to tolerate
[X] promethazine (PHENERGAN) suppository	12.5 mg, red	etal, every 6 hours PRN, nausea, vomiting, Post-op nsetron (ZOFRAN) is ineffective and patient is UNable to
Antiemetics - HMSTJ Only		
[X] ondansetron (ZOFRAN) IV or Oral (Selection Red	quired) " (Dr" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet		very 8 hours PRN, nausea, vomiting, Post-op nt is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection		enous, every 8 hours PRN, nausea, vomiting, Post-op nt is UNable to tolerate oral medication OR if a faster onset of uired.
[X] promethazine (PHENERGAN) IVPB or Oral or Re	ectal "C	Dr" Linked Panel
[X] promethazine (PHENERGAN) 25 mg in		avenous, for 30 Minutes, every 6 hours PRN, nausea,
sodium chloride 0.9 % 50 mL IVPB	vomiting, Po	
	tolerate oral	nsetron (ZOFRAN) is ineffective and patient is UNable to 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 oral medication.	
[X] promethazine (PHENERGAN) suppository		etal, every 6 hours PRN, nausea, vomiting, Post-op ensetron (ZOFRAN) is ineffective and patient is UNable to medication.
Muscle Relaxants (Single Response) (adjust dose for renal/liver function and age)		
() methocarbamol (ROBAXIN) tablet		00 mg, oral, every 6 hours PRN, muscle spasms
() cyclobenzaprine (FLEXERIL) tablet		mg, oral, 3 times daily PRN, muscle spasms
() tiZANidine (ZANAFLEX) tablet Bowel Care	2	mg, oral, every 8 hours PRN, muscle spasms
[] sennosides-docusate sodium (SENOKOT-S) 8.6- per tablet	50 mg 2	tablet, oral, nightly PRN, constipation, Post-op
[] simethicone (MYLICON) chewable tablet	16	60 mg, oral, 4 times daily PRN, flatulence, Post-op
[] docusate sodium (COLACE) capsule		00 mg, oral, 2 times daily PRN, constipation, Post-op
[] magnesium hydroxide suspension - NOT		mL, oral, every 12 hours PRN, constipation, Post-op
RECOMMENDED FOR CHRONIC KIDNEY DISE STAGE 3 OR GREATER		o not give if patient is on hemodialysis or is in chronic renal ilure.
[] bisacodyl (DULCOLAX) EC tablet	10	mg, oral, daily PRN, constipation, Post-op
[] bisacodyl (DULCOLAX) suppository	10	mg, rectal, daily PRN, constipation, Post-op
Symptom Management		
[] acetaminophen (TYLENOL) tablet		50 mg, oral, every 6 hours PRN, headaches, fever, emperature greater than 101, Post-op
[] benzocaine-menthol (CEPACOL MAX) lozenge 1 mg	5-3.6 1	lozenge, buccal, PRN, sore throat, Post-op
[] pantoprazole (PROTONIX) EC tablet		mg, oral, daily at 0600, Post-op dication(s) for Proton Pump Inhibitor (PPI) Therapy:
[] ergocalciferol (ERGOCALCIFEROL) capsule	50	0,000 Units, oral, weekly, Post-op
[] cholecalciferol (VITAMIN D3) capsule		000 Units, oral, daily, Post-op
[] dexamethasone (DECADRON) IV	in	travenous, once, Starting S+1, For 1 Doses, Post-op OD #1

device continuous () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (\$\frac{1}{2}\$)	
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Place sequential compression device (Single)	Therapy for the following: PACU & Post-op Response)
 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:
therapeutic anticoagulant or VTE prophylaxis (\$ Required) [] Moderate risk of VTE	
 Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active 	ication
Anticoagulation Guide for COVID patients	DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
/TE DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions	(Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
) ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
nsomnia: For Patients GREATER than or EQUAL	to 70 years old (Single Response)
) zolpidem (AMBIEN) tablet) ramelteon (ROZEREM) tablet	5 mg, oral, nightly PRN, sleep, Post-op 8 mg, oral, nightly PRN, sleep, Post-op
nsomnia: For Patients LESS than 70 years old (Si	
) fexofenadine (ALLEGRA) tablet - For eGFR LESS 80 mL/min, reduce frequency to once daily as nee	S than 60 mg, oral, 2 times daily PRN, itching, Post-op
) hydrOXYzine (ATARAX) tablet) cetirizine (ZyrTEC) tablet	10 mg, oral, every 6 hours PRN, itching, Post-op 5 mg, oral, daily PRN, itching, Post-op
tching: For Patients LESS than 70 years old (Sing) diphenhydrAMINE (BENADRYL) tablet	lle Response) 25 mg, oral, every 6 hours PRN, itching, Post-op
) cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
ching: For Patients between 70-76 years old (Sin	gle Response)
) cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
ching: For Patients GREATER than 77 years old	·
	Muscle relaxants should be minimized in patients over 65 years old.

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

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

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

Required)
Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Madagata Dial (Oalagtia Dagain)	
Moderate Risk (Selection Required)	Doubing Once DACIL® Doct on
Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Selec	tion
Required)	
() Contraindications exist for pharmacologic prop Order Sequential compression device	ohylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once
	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):

(Selection Required)

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

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

() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
()	(COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Sele Required)	ection
()	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
()	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
Re	GH Risk of DVT - Surgical (Hip/Knee) (Selection equired)	
Hiç Bo On Th or Se A Mu Ab	gh Risk Definition th pharmacologic AND mechanical prophylaxis r ne or more of the following medical conditions:	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Responsional (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection F	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis

Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting St-1, PACU & For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting St-1, PACU & For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting & Post-op For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting & Post-op For Patients weight between 100-139 kg and CrCl GREAT mL/min. Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting & Post-op For Patients weight between 100-139 kg and CrCl GREAT mL/min. Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting & Post-op For Patients weight between 100-139 kg and CrCl GREAT mL/min. Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting & Post-op For Patients weight between 100-139 kg and CrCl GREAT mL/min. Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting & Post-op For Patients weight between 100-139 kg and CrCl GREAT mL/min. Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting & Post-op For Patients weight between 100-139 kg and CrCl GREAT mL/min. Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting & Post-op For Patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Post-op For Patients with weight GREATER than 100 kg. 5000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Post-op For Patients with weigh		
(Selection Required) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis () fondaparinux (ARIXTRA) injection Indication(s): VTE Prophylaxis () fondaparinux (ARIXTRA) injection Indication(s): VTE Prophylaxis () heparin (porcine) injection Prophylaxis Indication(s): VTE Prophylaxis Ind		
Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting Startin		se)
Sept-op Indication(s): VTE Prophylaxis		40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) () Rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission () Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) () Contraindications exist for mechanical prophylaxis () Contraindications exist for mechanical prophylaxi	. , , , , , , , , , , , , , , , , , , ,	·
Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	tients with CrCL LESS than 30 mL/min	
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATE than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) () Rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission () Parmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) () Pharmacy consult to manage warfarin (COUMADIN) () Contraindications exist for mechanical prophylaxis () Contraindications exist for mechanical prophylaxis () Route And CrCI GREAT & Apotton (Postient Sweight 140 kg or GREATER and CrCI GREAT mL/min indication; VTE Prophylaxis 2.5 mg. subcutaneous, daily, Starting S+1, PACU & Post-op Indication; VTE Prophylaxis due to the following contrain prophylaxis 2.5 mg. subcutaneous, daily, Starting Sandbucture and Lindication; VTE Prophylaxis 2.5 mg. subcutaneous, daily, Starting Settients weight Cest on full multimulation; VTE Prophylaxis due to the following contrain prophylaxis 40 mg. subcutaneous, daily, Starting Sandbucture and Lindication; VTE Prophylaxis due to the following contrain prophylaxis 40 mg. subcutaneous, 2 times daily, Starting Sandbucture and Lindication; VTE Prophylaxis due to the following contrain prophylaxis due to the following contrain prophylaxis 40 mg. subcutaneous, daily, Starting Sandbucture and Lindication; VTE Prophylaxis due to	tients weight between 100-139 kg and & & CI GREATER than 30 mL/min r	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this Contraindicated in patients LESS than 50kg, prior to surgery procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-In Thrombocytopenia (HIT): () heparin (porcine) injection	tients weight between 140 kg or REATER and CrCl GREATER than 30 F./min r	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Post-op () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg Post-op Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg Post-op Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg and age GREATER than 75yrs. () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) () Pharmacy consult to manage warfarin (COUMADIN) [] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis Routine, Once No mechanical VTE prophylaxis due to the following contrain PACU & Post-op	If He Ce pr Tr	the patient does not have a history or suspected case of leparin-Induced Thrombocytopenia (HIT) do NOT order this medication contraindicated in patients LESS than 50kg, prior to surgery/invasive rocedure, or CrCl LESS than 30 mL/min his patient has a history of or suspected case of Heparin-Induced
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) () Rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission () Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) () Pharmacy consult to manage warfarin (COUMADIN) () Contraindications exist for mechanical prophylaxis () C	arin (porcine) injection 5,	,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg With weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) () Pharmacy consult to manage warfarin (COUMADIN) () Contraindications exist for mechanical prophylaxis () Contraindications exist for mechanical prophylaxis () Contraindications exist for mechanical prophylaxis () Mechanical Prophylaxis () Contraindications exist for mechanical prophylaxis	patients with high risk of bleeding, e.g. Poght < 50kg and age > 75yrs) Ro	ecommended for patients with high risk of bleeding, e.g. weight LESS
() Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) () Pharmacy consult to manage wa	Parin (porcine) injection - For Patients 7, weight GREATER than 100 kg Po	,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & ost-op
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy [] warfarin (COUMADIN) tablet [] Pharmacy consult to manage warfarin (COUMADIN) [] Pharmacy consult to manage warfarin (COUMADIN) [] Mechanical Prophylaxis (Single Response) (Selection Required) [] Contraindications exist for mechanical prophylaxis [] Contraindications exist for mechanical prophylaxis [] Routine, Once No mechanical VTE prophylaxis due to the following contrain PACU & Post-op	aroxaban and Pharmacy Consult (Selection	
(XARELTO) therapy Indications: VTE prophylaxis oral, daily at 1700, Starting S+1, PACU & Post-op Indication: () Pharmacy consult to manage warfarin (COUMADIN) Indication: [] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis	ee arthroplasty planned during this	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
Indication: () Pharmacy consult to manage warfarin (COUMADIN) [] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis [] Mochanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis [] Routine, Once [] No mechanical VTE prophylaxis due to the following contrain PACU & Post-op	ARELTO) therapy	Indications: VTE prophylaxis
(COUMADIN) Indication: [] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contrain PACU & Post-op		
Required) () Contraindications exist for mechanical prophylaxis PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contrain PACU & Post-op	•	
prophylaxis No mechanical VTE prophylaxis due to the following contrain PACU & Post-op		ion
	ohylaxis No	lo mechanical VTE prophylaxis due to the following contraindication(s):
 () Place/Maintain sequential compression Routine, Continuous, PACU & Post-op device continuous 	·	Coutine, Continuous, PACU & Post-op

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

Anticoagulation Guide for COVID patients

URL:

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

URL:

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

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

prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fac	ctors
[] [] [] [] [] [] [] [] [] []	. N
[] Low Risk (Single Response) (Selection Require	
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
MODERATE Risk of DVT - Surgical (Selection Re	
Moderate Risk Definition	Adultod)
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamn stroke, rheumatologic disease, sickle cell disease.	Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Central line	
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour	re
Less than fully and independently ambulatory	13
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
iviajor surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	Pouting Once PACIL® Past on
Moderate Risk (Selection Required) Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - S	Surgical
Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Selection Required (Single Response) (Selection Required) Contraindications exist for pharmacologic prop	Surgical)
[] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Selection Required () Contraindications exist for pharmacologic property BUT order Sequential compression device	Surgical) phylaxis "And" Linked Panel
Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Selection Required (Single Response) (Selection Required) Contraindications exist for pharmacologic prop	Surgical)
Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Selection Required () Contraindications exist for pharmacologic properties and the selection Required () Contraindications exist for pharmacologic properties () Contraindications exist for pharmacologic () Contraindications exist for pharmacologic	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Selection Required () Contraindications exist for pharmacologic property BUT order Sequential compression device [] Contraindications exist for pharmacologic	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Selection Required () Contraindications exist for pharmacologic properties and the selection Required () Contraindications exist for pharmacologic properties () Contraindications exist for pharmacologic () Contraindications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Selection Required () Contraindications exist for pharmacologic property BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Sequential (Single Response) (Selection Required) Contraindications exist for pharmacologic properties and the sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic properties.	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Selection Required () Contraindications exist for pharmacologic properties BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic prophylaxis	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op phylaxis "And" Linked Panel
Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Sequential (Single Response) (Selection Required) Contraindications exist for pharmacologic property BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic property AND mechanical prophylaxis Contraindications exist for pharmacologic	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Selection Required () Contraindications exist for pharmacologic proper BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic proper AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraind	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Sequential (Single Response) (Selection Required) Contraindications exist for pharmacologic property BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic property AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for mechanical	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once Routine, Once
Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Selection Required () Contraindications exist for pharmacologic proper BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic proper AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraind	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
[] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Seatient (Single Response) (Selection Required) () Contraindications exist for pharmacologic proper BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic proper AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis [] Contraindications exist for mechanical prophylaxis	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Sequential (Single Response) (Selection Required) () Contraindications exist for pharmacologic proped BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic proped AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op

() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op
	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU
CICI GREATER than 30 mL/min	& Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min
	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
()	Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g.	Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS
() HEParin (porcine) injection - For Patients	than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
with weight GREATER than 100 kg	Post-op
with weight SINEATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Single Response)	Selection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Diago/Maintain aggregation aggregation	PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() MODERATE Risk of DVT - Non-Surgical (Selec	tion
Required)	
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed.	Mechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions	
	nmation, dehydration, varicose veins, cancer, sepsis, obesity, previous se, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	ic, leg swelling, dicers, verious stasis and nephrotic syndrome
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 ho	purs
Less than fully and independently ambulatory	
Estrogen therapy Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
a,a. aa.ga., aaa a aaaa	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis	
Non-Surgical Patient (Single Response) (Sele Required)	ection
() Contraindications exist for pharmacologic pr	ophylaxis - "And" Linked Panel

Order Sequential compression device

IJ	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[]	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
	Contraindications exist for pharmacologic prop AND mechanical prophylaxis	phylaxis "And" Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	· · · · · · · · · · · · · · · · · · ·
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
()	patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 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 CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
. ,	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
()	HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
	warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
R	Mechanical Prophylaxis (Single Response) (Se Required)	
	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
()	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

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

Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

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

() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
	For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	1
[] 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) (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
Labs	
Labs	
[] Comprehensive metabolic panel	Once, Starting S, Post-op
[] CBC with platelet and differential	Once, Starting S, Post-op
[] Basic metabolic panel	Once, Starting S, Post-op
[] Partial thromboplastin time	Once, Starting S, Post-op
[] Prothrombin time with INR	Once, Starting S, Post-op
[] Amylase	Once, Starting S, Post-op
Cardiology	
Imaging	
Other Studies	
Respiratory	
Respiratory	
[] Incentive spirometry	Routine, Every hour For 999 Occurrences While awake. Post-op
Rehab	
Consults	
For Physician Consult orders use sidebar	
Ancillary Consults	
[] Consult to Case Management	Consult Reason: Discharge Planning Post-op, Discharge Planning and post-discharge needs.
[] Consult to Social Work	Reason for Consult: Discharge Planning Post-op, Discharge Planning and post-discharge needs.
[] Consult PT eval and treat	Special Instructions: evaluate equipment needs at discharge Weight Bearing Status: Post-op
[] Consult OT eval and treat	Special Instructions: Instruct on use of hip kit. Weight Bearing Status: Post-op

Additional Orders