General

Common Present on Admission Diagnosis

[]	Acidosis	Post-op
[]	Acute Post-Hemorrhagic Anemia	Post-op
[]	Acute Renal Failure	Post-op
[]	Acute Respiratory Failure	Post-op
[]	Acute Thromboembolism of Deep Veins of Lower Extremities	Post-op
[]	Anemia	Post-op
[]	Bacteremia	Post-op
[]	Bipolar disorder, unspecified	Post-op
[]	Cardiac Arrest	Post-op
[]	Cardiac Dysrhythmia	Post-op
[]	Cardiogenic Shock	Post-op
[]	Decubitus Ulcer	Post-op
[]	Dementia in Conditions Classified Elsewhere	Post-op
[]	Disorder of Liver	Post-op
[]	Electrolyte and Fluid Disorder	Post-op
[]	Intestinal Infection due to Clostridium Difficile	Post-op
[]	Methicillin Resistant Staphylococcus Aureus Infection	Post-op
[]	Obstructive Chronic Bronchitis with Exacerbation	Post-op
[]	Other Alteration of Consciousness	Post-op
[]	Other and Unspecified Coagulation Defects	Post-op
[]	Other Pulmonary Embolism and Infarction	Post-op
[]	Phlebitis and Thrombophlebitis	Post-op
[]	Protein-calorie Malnutrition	Post-op
[]	Psychosis, unspecified psychosis type	Post-op
[]	Schizophrenia Disorder	Post-op
[]	Sepsis	Post-op
[]	Septic Shock	Post-op
[]	Septicemia	Post-op
[]	Type II or Unspecified Type Diabetes Mellitus with Mention of	Post-op
	Complication, Not Stated as Uncontrolled	
[]	Urinary Tract Infection, Site Not Specified	Post-op
Ele	ctive Outpatient, Observation, or Admission (Single Response)	
$\overline{()}$	Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
$\left \frac{()}{()} \right $	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
() 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 Admission (Single Response) Patient has active status order on file 	Routine, Until discontinued, Starting S, Scheduling/ADT
() 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:
) Deturn to provious had	Scheduling/ADT
) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
ransfer (Single Response)	
Patient has active inpatient status order on file	
) Transfer patient	Level of Care:
	Bed request comments:
) Poture to provious had	Scheduling/ADT
) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Code Status @CERMSG(674511)@	
X] Code Status (Single Response)	
DNR and Modified Code orders should be placed by the respon-	nsible physician.
() Full code	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 NOT in a cardiopulmonary arrest))	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically
	indicated treatments will be provided.
	Treatment Restriction decision reached by:
	Specify Treatment Restrictions:
	Post-op
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	
[X] Vital signs - T/P/R/BP	Routine, Per unit protocol, Post-op
Activity	
[X] Up in chair	Routine, Until discontinued, Starting S+1
	Specify: Up in chair
	Additional modifier:
	Post-op
[X] Ambulate with assistance	Routine, 3 times daily, Starting S+1
	Specify: with assistance
	Post-op
Nursing	
[] Telemetry	"And" Linked Panel
[] Telemetry monitoring	Routine, Continuous
	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)
	Reason for telemetry:
	Can be off of Telemetry for tests and baths? Yes
	Post-op
[] Telemetry Additional Setup Information	Routine, Continuous
	High Heart Rate (BPM): 120
	Low Heart Rate(BPM): 50 High PVC's (per minute): 10
	High SBP(mmHg): 175
	Low SBP(mmHg): 100
	High DBP(mmHg): 95
	Low DBP(mmHg): 40
	Low Mean BP: 60
	High Mean BP: 120
	Low SPO2(%): 94
	Post-op
[X] Daily weights	Routine, Daily
	With same scale and manner, Post-op
[X] Strict intake and output	Routine, Every hour For 12 Hours, Post-op
[X] Strict intake and output	Routine, Every 8 hours
	Hourly for first 12 hours, and then every 8 hours after that., Post-op

X]	Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees
1/1		Post-op
X]	CVP monitoring	Routine, Every hour For 24 Hours
		Record., Post-op
X]	Limb precautions: No venipuncture or blood pressure to arm with	Location:
	Hemodialysis Access	Precaution: No venipuncture, No blood pressure
		TO extremity with Hemodialysis Access. PLACE LABEL AT BEDSIDE. , Post-o
]	Nasogastric tube maintenance	Routine, Until discontinued, Starting S
		Tube Care Orders: To Low Intermittent Suction
		May clamp tube for medications, Post-op
]	Oral Gastric tube maintenance	Routine, Until discontinued, Starting S
		Drainage:
		Intervention:
		To low intermittent suction, may clamp tube for medications, Post-op
X]	Foley catheter care	Routine, Until discontinued, Starting S
		Orders: Maintain
		To bedside drainage; catheter care every shift. May irrigate Foley as needed
		with no more than 50 milliliters sterile water., Post-op
]	Measure drainage	Routine, Every 8 hours
		Type of drain:
		From drain every hours and record output, Post-op
X]	Drain care	Routine, Until discontinued, Starting S
		Drain 1:
		Drain 2:
		Drain 3:
		Drain 4:
		All Drains:
		Jackson-Pratt or Penrose; Wound and drain assessment every 12 hours and as
		needed., Post-op
X]	Bathe patient	Routine, Daily
		POD #2. With assistance., Post-op
X]	Bladder scan	Routine, As directed
-		When Foley discontinued perform bladder scan after each void for the first 24
		hours; then daily after the
		first void every morning. Record residual volumes, Post-op
X]	Bedside glucose	Routine, 4 times daily before meals and at bedtime
-	.	Notify physician for blood glucose less than 70 and greater than 180., Post-op
X]	Place/Maintain sequential compression device continuous	Routine, Continuous
		Discontinue when ambulating 3 times daily, Post-op
X]	If enrolled in a research study, please check for research protocol and orders	Post-op
X]	NO VENIPUNCTURE OR CUFF BLOOD PRESSURE on arm with	Routine, Until discontinued, Starting S, Post-op
~]	hemodialysis access	Noume, onu asconunueu, Starting S, Post-op

Notify

[X] Notify Nephrologist of patient location 1 hour after arrival with results of post-operative labs, vital signs, CVP and intake and outputs.	Routine, Until discontinued, Starting S, Post-op
[X] Notify Transplant Surgeon of patient location 3 hours after arrival with results of pre/post creatinine, vital signs, CVP and intake and outputs	Routine, Until discontinued, Starting S, Post-op
[X] Notify Transplant Surgeon and Nephrologist with results of post op 6 hour STAT creatinine result.	Routine, Until discontinued, Starting S, Post-op
[X] Notify Transplant Surgeon if no return on irrigation of Foley, large clots seen in Foley, or leakage around the catheter	Routine, Until discontinued, Starting S, Post-op
[X] Notify Nephrologist if nicardipine drip initiated	Routine, Until discontinued, Starting S, Post-op
[X] Notify Research Coordinator if patient is enrolled in a study, check for research orders	Routine, Until discontinued, Starting S, Post-op
[X] Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100 Temperature less than: Systolic BP greater than: 180 Systolic BP less than: 100 Diastolic BP greater than: 100 Diastolic BP less than: 60 MAP less than: Heart rate greater than (BPM): 110 Heart rate less than (BPM): 60 Respiratory rate greater than: 25 Respiratory rate less than: 10 SpO2 less than: Post-op
[X] Diet NPO	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Post Transplant Diet Advance target diet criteria: Start clear liquid diet when fully awake and advance as tolerated to Post Transplant diet. IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
IV Fluids	
IV Fluids (Single Response) (Selection Required)	
() sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, Post-op Replace urine output with continuous IV 0.45% sodium chloride mL per mL. Replacement fluids not to exceed a maximum of 250 mL per hour and a minimum

Replace urine output with continuous IV 0.45% sodium chloride mL per mL. Replacement fluids not to exceed a maximum of 250 mL per hour and a minimum of 75 mL per hour.

 sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion 75 mL/hr, intravenous, continuous, Post-op Replace urine output with continuous IV 0.45% sodium chloride with 75 mEq sodium bicarbonate mL per mL. Replacement fluids not to exceed a maximum 250 mL per hour and a minimum of 75 mL per hour 		Replace urine output with continuous IV 0.45% sodium chloride with 75 mEq sodium bicarbonate mL per mL. Replacement fluids not to exceed a maximum of
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Medications

250 mg, intravenous, once, S+1 at 9:00 AM, For 1 Doses, Post-op Give POD #1
125 mg, intravenous, once, S+2 at 9:00 AM, For 1 Doses, Post-op Give POD #2
30 mg, oral, daily, Starting S+3, Post-op Give starting POD #3
(k
500 mg, oral, 2 times daily at 0600, 1800, Post-op For Thymoglobulin patients
1,000 mg, oral, 2 times daily at 0600, 1800, Post-op For Simulect patients
40 mg, oral, daily at 0600, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
0.1 mg, oral, every 4 hours PRN, high blood pressure, systolic blood pressure GREATER than 160 or diastolic blood pressure GREATER than 100, Post-op BP & HR HOLD parameters for this order: No Hold Parameters needed Contact Physician if:
10 mg, intravenous, every 2 hour PRN, high blood pressure, systolic blood pressure GREATER than 180 or diastolic blood pressure GREATER than 110, Post-op
2.5-15 mg/hr, intravenous, continuous, Post-op
100 mg, oral, 2 times daily, Post-op
100 mg, Nasogastric, 2 times daily, Post-op
Until Nasogastric tube discontinued. Hold for loose stools.
100 mg, feeding tube, 2 times daily
May give via feeding tube.

PCP Prophylaxis (Single Response) (Selection Required)

() sulfamethoxazole-trimethoprim (BACTRIM SS) 400-80 mg per ta	ablet 1 tablet, oral, daily, Starting S+3, Post-op
	Start POD #3
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Surgical Prophylaxis
() Sulfa Allergy option	"And" Linked Panel
[] albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, once, S+3 at 9:00 AM, For 1 Doses, Post-op
	Give POD #3. Pre-medication for pentamidine.
[]	Aerosol Delivery Device: Hand-Held Nebulizer
[] pentamidine (PENTAM) 300 mg in water for injection, sterile (PF) 6 mL inhalation solution	300 mg, nebulization, once, S+3 at 9:00 AM, For 1 Doses, Post-op Give POD #3. Pre-medicate with albuterol.
	Give FOD #5. FTe-medicale with abdieroi.
Other Medications	
[X] valGANciclovir (VALCYTE) tablet	450 mg, oral, daily, Starting S+3, Post-op
	Start on POD #3
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
[X] clotrimazole (MYCELEX) troche	10 mg, buccal, 3 times daily, Post-op
	Let dissolve in mouth and do not eat or drink for 15 minutes after each dose
Pain Management (Single Response) (Selection Required)	
() Select for Opioid-Naïve Patients (Non-PCA Pain Management)	
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours, Post-op
[] gabapentin (NEURONTIN) capsule	100 mg, oral, every 8 hours, Post-op
[] PRN Oral for Moderate Pain (Pain Score 4-6) (Single Respond (Selection Required)	nse)
() traMADol (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
() oxyCODone (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
 [] PRN Oral for Severe Pain (Pain Score 7-10) (Single Response) (Selection Required) 	
() oxyCODone (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op
() hydromorPHONE (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op
() Select for Opioid-Tolerant Patients (PCA Pain Management)	
[] PCA Medications - HMH Only (Single Response)	
() morPHINE PCA 30 mg/30 mL	
[] morPHINE 30 mg/30 mL PCA	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: Not
	Ordered Basal Rate: 0 mg/hr MAX (Four hour dose limit): 20 mg
	intravenous, continuous, Post-op
	Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more
	and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after
	increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every
	{Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand
	dose by {PCA Dose:26660::"0.5"} mg ONCE. Adjust doses for age, renal function or other
	factors.

]	Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then
		 Every hour x 2 starting second hour after PCA started, bolus administered or dose change then
		- Every 4 hours until PCA therapy is discontinued.
		- Immediately following PCA administration tubing change
]	Pasero Opioid-induced Sedation Scale	Routine, Once
]	Notify Physician (Specify)	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
]	naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 pe
1	haloxone (MARCAN) 0.4 mg/m2 mjection 0.2 mg	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.
h	nydromorPHONE PCA (DILAUDID) 15 mg/30 mL	
]	hydromorPHONE (DILAUDID) 15 mg/30 mL PCA	Nurse Loading Dose: 0.5 mg PCA Dose: 0.2 mg Lockout: 10 Minutes Basal Rate: 0 mg/hr MAX (Four hour dose limit): 4 mg
		intravenous, continuous, Post-op
		Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after
		increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every
		{Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other feature.
		factors. Turn Off PCA Continuous Dose (Basal Rate) On Date:
		Turn Off PCA Continuous Dose (Basal Rate) Off Date.
1	Vital signs - T/P/R/BP	Routine, Per unit protocol
L		- 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

[]	Notify Physician (Specify)	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	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less
	CERT team for any of the following:	 Severe and/or recent confusion or disorientation
		 POSS sedation level 4: Somnolent and difficult to arouse
		- Sustained hypotension (SBP less than 90)
		- Excessive nausea or vomiting
		- Urinary retention
[]	naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	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.
P	CA Medications - NOT HMH (Single Response)	
) (morPHINE PCA 30 mg/30 mL	
[]	morPHINE 30 mg/30 mL PCA	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: Not
		Ordered Basal Rate: 0 mg/hr MAX (Four hour dose limit): 20 mg
		intravenous, continuous, Post-op
		Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more
		and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after
		increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages
		19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every
		{Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE. Adjust doses for age, renal function or other
		factors.
[]	Vital signs - T/P/R/BP	Routine, Per unit protocol
[]		- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose
		change; then
		- Every hour x 2 starting second hour after PCA started, bolus administered or dose change
		then
		 Every 4 hours until PCA therapy is discontinued.
		 Immediately following PCA administration tubing change
[]	Pasero Opioid-induced Sedation Scale	Routine, Once
11	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason
[]	Notify Physician (opcony)	- Inadequate analgesia
[]		 Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives other than those
[]		- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy
[]		- Prior to administration of any other narcotics, antiemetics, or sedatives other than those

 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
[] naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	 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.
) hydromorPHONE PCA (DILAUDID) 15 mg/30 mL	
[] hydromorPHONE (DILAUDID) 15 mg/30 mL PCA	Nurse Loading Dose: 0.5 mg PCA Dose: 0.2 mg Lockout: 10 Minutes Basal Rate: 0 mg/hr MAX (Four hour dose limit): 4 mg intravenous, continuous, Post-op
	Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors.
	Turn Off PCA Continuous Dose (Basal Rate) On Date:
	Turn Off PCA Continuous Dose (Basal Rate) At Time:
[] 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
[] Pasero Opioid-induced Sedation Scale	Routine, Once
[] Notify Physician (Specify)	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	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less
CERT team for any of the following:	- Severe and/or recent confusion or disorientation
	- POSS sedation level 4: Somnolent and difficult to arouse
	- Sustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting - Urinary retention

[]	naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	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.
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Antiemetics - HMH, HMSJ, HMW, HMSTC, HMTW Only

[X] ondansetron (ZOFRAN) IV or Oral (Selection Required)	"Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting
	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
	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	"Or" Linked Panel
[X] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
[] metoclopramide (REGLAN) injection	5 mg, intravenous, 3 times daily, Post-op Given for Gastric Motility Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Antiemetics - HMSL, HMWB Only

[X] ondansetron (ZOFRAN) IV or Oral (Selection Required)	"Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op
	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
[X] promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal
	medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
[] metoclopramide (REGLAN) injection	5 mg, intravenous, 3 times daily, Post-op
	Given for Gastric Motility
	Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose
	when above approved criteria are satisfied:

Antiemetics - HMSTJ Only (Single Response)

(X) ondansetron (ZOFRAN) IV or Oral (Selection Required)	"Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting
	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
	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
() _promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel
[] promethazine (PHENERGAN) 25 mg in sodium chloride	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, Post-op
0.9 % 50 mL IVPB	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.
[] 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.
[] 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.
() metoclopramide (REGLAN) injection	5 mg, intravenous, 3 times daily, Post-op
	Given for Gastric Motility.
	Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose
	when above approved criteria are satisfied:
Itahing (Cingle Decrement)	
Itching (Single Response)	
(X) cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
nsomnia: Ramelteon for Patients GREATER than 70 years old	
[X] ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
[X] ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
	8 mg, oral, nightly PRN, sleep, Post-op
VTE	
VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requ	uired)
VTE	uired) URL:
VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requ VTE/DVT Risk Definitions	uired) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf"
VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requ	uired) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19
VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requ VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients	uired) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requ VTE/DVT Risk Definitions <u>Anticoagulation Guide for COVID patients</u>) Patient currently has an active order for therapeutic anticoagulant	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" or VTE
VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requered VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeutic anticoagulant prophylaxis with Risk Stratification (Single Response) (Selection Response)	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" or VTE Required)
VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requested VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeutic anticoagulant prophylaxis with Risk Stratification (Single Response) (Selection Requested or therapeutic anticoagulant () Moderate Risk - Patient currently has an active order for therapeutic order fo	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" or VTE Required)
VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requered VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeutic anticoagulant prophylaxis with Risk Stratification (Single Response) (Selection F () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" or VTE Required) peutic
 VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requested VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeutic anticoagulant prophylaxis with Risk Stratification (Single Response) (Selection F () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE 	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" or VTE Required) peutic Routine, Once, PACU & Post-op
VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requered VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeutic anticoagulant prophylaxis with Risk Stratification (Single Response) (Selection F () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" or VTE Required) peutic Routine, Once, PACU & Post-op Routine, Once
VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requered VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeutic anticoagulant prophylaxis with Risk Stratification (Single Response) (Selection F () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant generative order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE	uired) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" or VTE Required) peutic Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation
 VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requested VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeutic anticoagulant prophylaxis with Risk Stratification (Single Response) (Selection F () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic 	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" or VTE Required) peutic Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requered VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeutic anticoagulant prophylaxis with Risk Stratification (Single Response) (Selection F () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic	uired) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" or VTE Required) Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
 VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requered VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeutic anticoagulant prophylaxis with Risk Stratification (Single Response) (Selection F () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" or VTE Required) peutic Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requered VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeutic anticoagulant prophylaxis with Risk Stratification (Single Response) (Selection F () Moderate Risk - Patient currently has an active order for therapanticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Response)	uired) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf" URL: "\transformweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" or VTE Required) peutic Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requered VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeutic anticoagulant prophylaxis with Risk Stratification (Single Response) (Selection F () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	uired) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" or VTE Required) peutic Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once
VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requered VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeutic anticoagulant 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 [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Response)	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" or VTE Required) peutic Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
VTE DVT Risk and Prophylaxis Tool (Single Response) (Selection Requered VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeutic anticoagulant 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 [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Response)	uired) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" or VTE Required) peutic Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once

[] 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 anticoagulatio 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 for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulatio 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 for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once 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
LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk factors	

() 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 Required)	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophyl One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydratio disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above	on, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (S Response) (Selection Required)	-
() Contraindications exist for pharmacologic prophylaxis BUT ord Sequential compression device	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic prophylaxis AND me prophylaxis	echanical "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 Response) (Selection	n Required)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND 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 CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or 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.
() 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) (Selection Required	()
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) MODERATE Risk of DVT - Non-Surgical (Selection Required)	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophy One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydratic disease, leg swelling, ulcers, venous stasis and nephrotic syndrom 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	on, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell
[] Moderate Risk (Selection Required) [] Moderate risk of VTE	Routine, Once, PACU & Post-op
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Pat Response) (Selection Required) 	tient (Single
() Contraindications exist for pharmacologic prophylaxis - Order compression device	Sequential "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 prophylaxis AND m prophylaxis	
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
	enoxaparin (LOVENOX) injection (Single Response) (Selection	n Required)
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
()	patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis
()	patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis
	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT)
)	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
)	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight 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:
Ν	Mechanical Prophylaxis (Single Response) (Selection Requirec	l)
)	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 - Surgical Patient (Single		
Response) (Selection Required)		
() Contraindications exist for pharmacologic prophylaxis	Routine, Once	
	No pharmacologic VTE prophylaxis due to the following contraindication(s):	
() enoxaparin for VTE Prophylaxis (Single Response)		
() enoxaparin (LOVENOX) 30 mg daily at 1700	30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis	
() enoxaparin (LOVENOX) 30 mg every 12 hours	30 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis	
() enoxaparin (LOVENOX) 40 mg daily at 1700	40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis	
() enoxaparin (LOVENOX) 40 mg every 12 hours	40 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis	
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 	
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM	
() heparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM	
with high risk of bleeding, e.g. weight < 50kg and age >	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age	
75yrs)	GREATER than 75yrs.	
() HEParin (porcine) injection - For Patients with weight	7,500 Units, subcutaneous, every 8 hours, Starting S+1	
GREATER than 100 kg	For patients with weight GREATER than 100 kg.	
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1	
	Indication:	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
[] Mechanical Prophylaxis (Single Response) (Selection Required)	Indication.	
() Contraindications exist for mechanical prophylaxis	Routine, Once	
	No mechanical VTE prophylaxis due to the following contraindication(s):	
() Place/Maintain sequential compression device continuous	Routine, Continuous	
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	H Dick of DV/T Non Surgical (Selection Dequired)		
	H Risk of DVT - Non-Surgical (Selection Required)		
	Risk Definition pharmacologic AND mechanical prophylaxis must be addressed and the addressed of the second seco	hazza	
	or more of the following medical conditions:	555 c u.	
		anticardiolipin antibody syndrome: antithrombin, protein C or protein S deficiency.	
	ombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; erhomocysteinemia; myeloproliferative disorders) ere fracture of hip, pelvis or leg ute spinal cord injury with paresis iple major traumas		
Abdo	ominal or pelvic surgery for CANCER		
	e ischemic stroke		
Histo	pry of PE		
1 ⊢	ligh Risk (Selection Required)		
	High risk of VTE	Routine, Once, PACU & Post-op	
	ligh Risk Pharmacological Prophylaxis - Non-Surgical Patie		
	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 Response) (Selection		
()	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	30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op	
	GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min	
$\overline{\langle \rangle}$	notionto waight 440 kg or ODEATED AND Orol	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 CrCI GREATER than 30 mL/min	
	GREATER (Hall 50 HE/IIII)	Indication(s): VTE Prophylaxis	
$\overline{()}$	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 that	
		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	
$\left(\right)$	heparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op	
()	with high risk of bleeding, e.g. weight < 50kg and age >	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age	
	75yrs)	GREATER than 75yrs.	
()	HEParin (porcine) injection - For Patients with weight	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op	
()	GREATER than 100 kg	For patients with weight GREATER than 100 kg.	
()	warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op	

() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
[] Mechanical Prophylaxis (Single Response) (Selection Required		
() Contraindications exist for mechanical prophylaxis	, Routine, Once	
()	No mechanical VTE prophylaxis due to the following contraindication(s):	
	PACU & Post-op	
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op	
() HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)		
High Risk Definition		
Both pharmacologic AND mechanical prophylaxis must be address	ed.	
One or more of the following medical conditions:		
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency;		
hyperhomocysteinemia; myeloproliferative disorders)		
Severe fracture of hip, pelvis or leg		
Acute spinal cord injury with paresis		
Multiple major traumas		
Abdominal or pelvic surgery for CANCER		
Acute ischemic stroke		
History of PE		
[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once, PACU & Post-op	
[] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthropla		
Surgical Patient (Single Response) (Selection Required)		
() Contraindications exist for pharmacologic prophylaxis	Routine, Once	
	No pharmacologic VTE prophylaxis due to the following contraindication(s):	
	PACU & Post-op	
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op	
() aspirin (ECOTRIN) enteric coated tablet		
	162 mg, oral, daily, Starting S+1, PACU & Post-op	
() Apixaban and Pharmacy Consult (Selection Required)	162 mg, oral, daily, Starting S+1, PACU & Post-op	
 Apixaban and Pharmacy Consult (Selection Required) apixaban (ELIQUIS) tablet 	162 mg, oral, daily, Starting S+1, PACU & Post-op 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op	
() Apixaban and Pharmacy Consult (Selection Required)	162 mg, oral, daily, Starting S+1, PACU & Post-op 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis	
 Apixaban and Pharmacy Consult (Selection Required) apixaban (ELIQUIS) tablet 	162 mg, oral, daily, Starting S+1, PACU & Post-op 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis	
 Apixaban and Pharmacy Consult (Selection Required) apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy 	162 mg, oral, daily, Starting S+1, PACU & Post-op 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis	
 Apixaban and Pharmacy Consult (Selection Required) apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response) (Selection) 	162 mg, oral, daily, Starting S+1, PACU & Post-op 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis n Required)	
 Apixaban and Pharmacy Consult (Selection Required) apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response) (Selection) 	162 mg, oral, daily, Starting S+1, PACU & Post-op 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis n Required) 40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op	
 Apixaban and Pharmacy Consult (Selection Required) apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response) (Selectio () enoxaparin (LOVENOX) syringe 	162 mg, oral, daily, Starting S+1, PACU & Post-op 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis n Required) 40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis	
 Apixaban and Pharmacy Consult (Selection Required) apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response) (Selectio enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe - For Patients with CrCL 	 162 mg, oral, daily, Starting S+1, PACU & Post-op 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis n Required) 40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op 	
 Apixaban and Pharmacy Consult (Selection Required) apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response) (Selectio enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe 	 162 mg, oral, daily, Starting S+1, PACU & Post-op 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis n Required) 40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min. 	
 Apixaban and Pharmacy Consult (Selection Required) apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response) (Selectio enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe - For Patients with CrCL 	 162 mg, oral, daily, Starting S+1, PACU & Post-op 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis n Required) 40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis 	
 Apixaban and Pharmacy Consult (Selection Required) apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response) (Selectio enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min enoxaparin (LOVENOX) syringe - For Patients weight 	 162 mg, oral, daily, Starting S+1, PACU & Post-op 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis n Required) 40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op 	
 Apixaban and Pharmacy Consult (Selection Required) apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response) (Selectio enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min 	 162 mg, oral, daily, Starting S+1, PACU & Post-op 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis n Required) 40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. 	
 Apixaban and Pharmacy Consult (Selection Required) apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response) (Selectio enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min enoxaparin (LOVENOX) syringe - For Patients weight 	 162 mg, oral, daily, Starting S+1, PACU & Post-op 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis n Required) 40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op 	

()	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, PACU & Post-op For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis
$\overline{()}$	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 Thrombocytopen
		(HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to
		surgery/invasive procedure, or CrCI LESS than 30 mL/min
		This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 		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	
	75yrs)	GREATER than 75yrs.
$\overline{()}$	HEParin (porcine) injection - For Patients with weight	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
()	GREATER than 100 kg	For patients with weight GREATER than 100 kg.
()	Rivaroxaban and Pharmacy Consult (Selection Required)	
()		10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op
[]	arthroplasty planned during this admission	Indications: VTE prophylaxis
[]		STAT, Until discontinued, Starting S
	therapy	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) (Selection Required	(b
()	Contraindications exist for mechanical prophylaxis	Routine, Once
()	FP,	No mechanical VTE prophylaxis due to the following contraindication(s):
		PACU & Post-op
()	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
	k and Prophylaxis Tool (Single Response)	
VTE/I	DVT Risk Definitions	URL:
		"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISKDEFINITIONS.pdf"
Antico	pagulation Guide for COVID patients	URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19
		Anticoagulation Guideline - 8.20.2021v15.pdf"
Pati	ent currently has an active order for therapeutic anticoagulant	or VTE
i au	bylaxis with Risk Stratification (Single Response) (Selection R	
nror		
		autio
()	Moderate Risk - Patient currently has an active order for therap	peutic
()	Moderate Risk - Patient currently has an active order for therap anticoagulant or VTE prophylaxis (Selection Required)	
() ; []	Moderate Risk - Patient currently has an active order for therap anticoagulant or VTE prophylaxis (Selection Required) Moderate risk of VTE	Routine, Once, PACU & Post-op
()	Moderate Risk - Patient currently has an active order for therap anticoagulant or VTE prophylaxis (Selection Required) Moderate risk of VTE Patient currently has an active order for therapeutic	Routine, Once, PACU & Post-op Routine, Once
() ; []	Moderate Risk - Patient currently has an active order for therap anticoagulant or VTE prophylaxis (Selection Required) Moderate risk of VTE	Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulatio
() ; []	Moderate Risk - Patient currently has an active order for therap anticoagulant or VTE prophylaxis (Selection Required) Moderate risk of VTE Patient currently has an active order for therapeutic	Routine, Once, PACU & Post-op Routine, Once
() ; []	Moderate Risk - Patient currently has an active order for therap anticoagulant or VTE prophylaxis (Selection Required) Moderate risk of VTE Patient currently has an active order for therapeutic	Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulatio

() 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 order for therapy	eutic
anticoagulant or VTE prophylaxis (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for therapeutic	Routine, Once
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 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 for therapeutic	
anticoagulant or VTE prophylaxis (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for therapeutic	Routine, Once
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 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 for therapeutic	
anticoagulant or VTE prophylaxis (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for therapeutic	Routine, Once
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 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
LOW Risk of DVT (Selection Required)	

() LOW Risk of DVT (Selection Required)

Age less than 60 years and NO other VTE risk factors	
[] Low Risk (Single Response) (Selection Required)	
() 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 Required)	
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. Mechanical prophyla	axis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:	
	n, 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	
1 Madarata Diak (Salaatian Daguirad)	
[] Moderate Risk (Selection Required)	
	Politing Once DACIL& Doct-on
[] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (S	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (S Response) (Selection Required)	Single
 Moderate Risk Pharmacological Prophylaxis - Surgical Patient (S Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device 	Single er "And" Linked Panel
 Moderate Risk Pharmacological Prophylaxis - Surgical Patient (S Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis BUT order 	Single er "And" Linked Panel Routine, Once
 Moderate Risk Pharmacological Prophylaxis - Surgical Patient (S Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device 	er "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 [] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (S Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis BUT orde Sequential compression device [] Contraindications exist for pharmacologic prophylaxis 	Single er "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 [] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (S Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis BUT orde Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous 	Single "And" Linked Panel er "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 Pharmacological Prophylaxis - Surgical Patient (S Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic prophylaxis 	Single er "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op chanical "And" Linked Panel
 Moderate Risk Pharmacological Prophylaxis - Surgical Patient (S Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis BUT orde Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis 	Single er "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op chanical "And" Linked Panel Routine, Once
 Moderate Risk Pharmacological Prophylaxis - Surgical Patient (S Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic prophylaxis 	Single er "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op chanical "And" Linked Panel
 Moderate Risk Pharmacological Prophylaxis - Surgical Patient (S Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic prophylaxis 	Single er "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op chanical "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 Moderate Risk Pharmacological Prophylaxis - Surgical Patient (S Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis BUT orde Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis AND mean prophylaxis [] Contraindications exist for pharmacologic prophylaxis 	Single er "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op chanical "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 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 Pharmacological Prophylaxis - Surgical Patient (S Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic prophylaxis Contraindications exist for pharmacologic prophylaxis AND metaprophylaxis Contraindications exist for pharmacologic prophylaxis 	Single er "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op chanical "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once 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
 Moderate Risk Pharmacological Prophylaxis - Surgical Patient (S Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic prophylaxis Contraindications exist for pharmacologic prophylaxis AND methylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for mechanical prophylaxis 	Single er "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op chanical "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 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 n Required)
 Moderate Risk Pharmacological Prophylaxis - Surgical Patient (S Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic prophylaxis Contraindications exist for pharmacologic prophylaxis AND metaprophylaxis Contraindications exist for pharmacologic prophylaxis 	Single er "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op chanical "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once 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

() patients weight between 100-139 kg AND CrCl 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op () patients weight 140 kg or GREATER AND CrCl 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op () fordaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, a laily, Starting S+1, PACU & Post-op () fordaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, alily, Starting S+1, PACU & Post-op () fordaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, alily, Starting S+1, PACU & Post-op () heparin (porcine) injection 2.5 mg, subcutaneous, alily, Starting S+1, PACU & Post-op () heparin (porcine) injection (Recommended for patients weight 140 kg or GREATER and CrCl GREATER (han 30 mL/min () heparin (porcine) injection (Recommended for patients subtrave a history of or suspervinvesive procedure, or Coll LESS than 30 mL/min () heparin (porcine) injection (Recommended for patients weight 140 kg or GREATER (han 700 kg and age - Zyrus) () HEParin (porcine) injection (For Patients with weight 75/sc. () Heparin (could kg and age - Zyrus) () HEParin (porcine) injection (Could kg and age - Zyrus) () Heparin (could kg and rage - Zyrus) () Heparin (porcine) injection (Could kg and rage - Zyrus)	() 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
GREATER than 30 mL/min For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis (1) fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Statring S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do YOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedures or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): (1) heparin (porcine) injection 5,000 Units, subcutaneous, every 1 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age GREATER than 100 kg (1) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg 7,500 Units, subcutaneous, every 1 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg (1) Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S+1, PACU & Post-op Indication: (1) Mechanical Prophylaxis (Single Response) (Selection Required) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op (1) Mechanical Prophylaxis (Single Response) (Selection Required) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op (2) Place/Maintain sequential compression device continuous Recortinuous, PACU & Post-op Notinechanical prophy	(30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min
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 tha 50kg, prior to surgery/invasive procedure, or CrC1 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 (i) heparin (porcine) injection - For Patients with weight 5.000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 75yrs) 75yrs) 700 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op (i) HEParin (porcine) injection - For Patients with weight 7.500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op (i) Warfarin (porcine) injection - For Patients with weight 7.500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op (i) warfarin (COUMADIN) tablet orial (aily at 1700, Starting S+1, PACU & Post-op (ii) Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S (i) Contraindications exist for mechanical prophylaxis Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op (ii) Place/Maintain sequential compression device continuous Routine, Once NOD	(For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min
() 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 100 kg () 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 (REATER than 100 kg () warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1, PACU & Post-op Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Unit discontinued, Starting S Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Unit discontinued, Starting S Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Unit discontinued, Starting S Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Unit discontinued, Starting S Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Unit discontinued, Starting S Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Unit discontinued, Starting S Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Unit discontinued, Starting S Indication: () Pharmacy consult to manage warfarin (COUMADIN) Start Less than fally box of VT = Non-Surg	()	fondaparinux (ARIXTRA) injection	If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.
with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 70 kg. () HEParin (porcine) injection - For Patients with weight GREATER than 70 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, Unitl discontinued, Starting S Indication: () Mechanical Prophylaxis (Single Response) (Selection Required) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op () Place/Maintain sequential compression device continuous Routine, Conteinuous, PACU & Post-op () Place/Maintain sequential compression device continuous Routine, Conteinuous, PACU & Post-op () Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op () Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op () Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op () Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op () Moderate R	$\overline{()}$	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
GREATER 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 (COUMADIN) STAT, Until discontinued, Starting S Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: () 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 () Place/Maintain sequential compression device continuous () Routine, Continuous, PACU & Post-op () Place/Maintain sequential compression device continuous () Routine, Continuous, PACU & Post-op () Place/Maintain sequential compression device continuous () Routine, Continuous, PACU & Post-op () 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 t	()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age >	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age
Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Unit discontinued, Starting S Indication: Indication: [] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op PACU & Post-op () Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op () Place finition 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 Esstrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Indication:	()		
Indication: [] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op () Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op MODERATE Risk of DVT - Non-Surgical (Selection Required) 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 Risk (Selection Required) Moderate Risk (Selection Required)	()	warfarin (COUMADIN) tablet	Indication:
() Contraindications exist for mechanical prophylaxis Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op () Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op () MODERATE Risk of DVT - Non-Surgical (Selection Required) 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 Risk (Selection Required)	()	Pharmacy consult to manage warfarin (COUMADIN)	
No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op () Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op Moderate Risk of DVT - Non-Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	[]		
 MODERATE Risk of DVT - Non-Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission 	()	Contraindications exist for mechanical prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
 MODERATE Risk of DVT - Non-Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission 	$\overline{()}$	Place/Maintain sequential compression device continuous	
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) MC		
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	Pha On CH diso Ago Cei His Ant	armacologic prophylaxis must be addressed. Mechanical proph e or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflammation, dehydrati ease, leg swelling, ulcers, venous stasis and nephrotic syndron e 60 and above ntral line tory of DVT or family history of VTE ticipated length of stay GREATER than 48 hours	ion, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell
	Est Mo Ma	rogen therapy derate or major surgery (not for cancer) jor surgery within 3 months of admission	
	L]	Moderate risk of VTE	Routine, Once, PACU & Post-op

	Contraindications exist for pharmacologic prophylaxis - Order compression device	Sequential "And" Linked Panel
]		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 prophylaxis AND m prophylaxis	echanical "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 Response) (Selection	
()) 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 30 mL/min Indication(s): VTE Prophylaxis
()) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis
	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight 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) (Selection Required	1)
	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op

Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op () HIGH Risk of DVT - Surgical (Selection Required) () 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 of VTE Routine, Once [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) Routine, Once () Contraindications exist for pharmacologic prophylaxis Routine, Once () enoxaparin for VTE Prophylaxis (Single Response) No pharmacologic VTE prophylaxis due to the following contraindication(s): () enoxaparin (LOVENOX) 30 mg daily at 1700 30 mg, subcutaneous, daily at 1700 () enoxaparin (LOVENOX) 30 mg every 12 hours 30 mg, subcutaneous, every 12 hours () enoxaparin (LOVENOX) 40 mg every 12 hours 30 mg, subcutaneous, every 12 hours () enoxaparin (LOVENOX) 40 mg every 12 hours 40 mg, subcutaneous, every 12 hours () enoxaparin (LOVENOX) 40 mg every 12 hours 1ndication(s): VTE Prophylaxis () enoxaparin (LOVENOX) 40 mg every 12 hours 40 mg, subcutaneous, every 12 hours () enoxaparin (LOVENOX) 40 mg every 12 hours 1ndication(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 Thrombocytope (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. () heparin (porcine) injection 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM () heparin (porcine) injection (Recommend	[] High Risk (Selection Required)	
Response) (Selection Required) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): () enoxaparin for VTE Prophylaxis (Single Response) No pharmacologic VTE prophylaxis due to the following contraindication(s): () enoxaparin (LOVENOX) 30 mg daily at 1700 30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) 30 mg every 12 hours 30 mg, subcutaneous, very 12 hours Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) 40 mg daily at 1700 40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) 40 mg every 12 hours 40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) 40 mg every 12 hours Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) 40 mg every 12 hours Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) 40 mg every 12 hours Indication(s): VTE Prophylaxis () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytope (HIT) do NOT order this medication. () heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50k	[] High risk of VTE	Routine, Once
() Contraindications exist for pharmacologic prophylaxis Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): () enoxaparin for VTE Prophylaxis (Single Response) 30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) 30 mg daily at 1700 30 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) 40 mg every 12 hours 30 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) 40 mg every 12 hours 40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) 40 mg every 12 hours 40 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytope (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) () heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM	[] High Risk Pharmacological Prophylaxis - Surgical Patient (Sir	ngle
No pharmacologic VTE prophylaxis due to the following contraindication(s): () enoxaparin for VTE Prophylaxis (Single Response) () enoxaparin (LOVENOX) 30 mg daily at 1700 30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) 30 mg every 12 hours 30 mg, subcutaneous, every 12 hours () enoxaparin (LOVENOX) 40 mg every 12 hours 30 mg, subcutaneous, every 12 hours () enoxaparin (LOVENOX) 40 mg every 12 hours 40 mg, subcutaneous, every 12 hours () enoxaparin (LOVENOX) 40 mg every 12 hours 40 mg, subcutaneous, every 12 hours () enoxaparin (LOVENOX) 40 mg every 12 hours 40 mg, subcutaneous, every 12 hours () 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 Thrombocytope (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. () heparin (porcine) injection 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM	Response) (Selection Required)	
() enoxaparin for VTE Prophylaxis (Single Response) () enoxaparin (LOVENOX) 30 mg daily at 1700 30 mg, subcutaneous, daily at 1700 () enoxaparin (LOVENOX) 30 mg every 12 hours 30 mg, subcutaneous, every 12 hours () enoxaparin (LOVENOX) 30 mg every 12 hours 30 mg, subcutaneous, every 12 hours () enoxaparin (LOVENOX) 40 mg daily at 1700 40 mg, subcutaneous, daily at 1700 () enoxaparin (LOVENOX) 40 mg daily at 1700 40 mg, subcutaneous, daily at 1700 () enoxaparin (LOVENOX) 40 mg every 12 hours 40 mg, subcutaneous, every 12 hours () enoxaparin (LOVENOX) 40 mg every 12 hours 40 mg, subcutaneous, every 12 hours () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1 () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, every 12 hours () heparin (porcine) injection 5.000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age >	() Contraindications exist for pharmacologic prophylaxis	Routine, Once
() enoxaparin (LOVENOX) 30 mg daily at 1700 30 mg, subcutaneous, daily at 1700 () enoxaparin (LOVENOX) 30 mg every 12 hours 30 mg, subcutaneous, every 12 hours () enoxaparin (LOVENOX) 40 mg daily at 1700 40 mg, subcutaneous, every 12 hours () enoxaparin (LOVENOX) 40 mg daily at 1700 40 mg, subcutaneous, every 12 hours () enoxaparin (LOVENOX) 40 mg every 12 hours 40 mg, subcutaneous, every 12 hours () enoxaparin (LOVENOX) 40 mg every 12 hours 40 mg, subcutaneous, every 12 hours () enoxaparin (LOVENOX) 40 mg every 12 hours 1ndication(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 Thrombocytope (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. () heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM		No pharmacologic VTE prophylaxis due to the following contraindication(s):
Indication(s): VTE Prophylaxis () enoxaparin (LOVENOX) 30 mg every 12 hours () enoxaparin (LOVENOX) 40 mg daily at 1700 () enoxaparin (LOVENOX) 40 mg daily at 1700 () enoxaparin (LOVENOX) 40 mg every 12 hours () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age >	() enoxaparin for VTE Prophylaxis (Single Response)	
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with high risk of bleeding, e.g. weight < 50kg and age > Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age	si s u s e	
	75yrs)	GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight 7,500 Units, subcutaneous, every 8 hours, Starting S+1		
GREATER than 100 kg For patients with weight GREATER than 100 kg.		
() warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1	() warrarin (COUMADIN) tablet	
() Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S	() Pharmacy consult to manage warfarin (COUMADIN)	
Indication: [] Mechanical Prophylaxis (Single Response) (Selection Required)		

Contraindications exist for mechanical prophylavis	Routine, Once
	No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous	Routine, Continuous
Risk of DVT - Non-Surgical (Selection Required)	
Risk Definition	
pharmacologic AND mechanical prophylaxis must be address	sed.
or more of the following medical conditions:	
	ticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency;
ry of PE	
ah Risk (Selection Required)	
High risk of VTE	Routine, Once, PACU & Post-op
gh Risk Pharmacological Prophylaxis - Non-Surgical Patient	(Single
esponse) (Selection Required)	
Contraindications exist for pharmacologic prophylaxis	Routine, Once
	No pharmacologic VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
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
notionto weight botween 100,120 kg AND CrCl	Indication(s): VTE Prophylaxis
	30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
GREATER than 50 mL/mm	Indication(s): VTE Prophylaxis
patients weight 140 kg or GREATER AND CrCl	40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op
	For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min
	Indication(s): VTE Prophylaxis
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 that
	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	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
with high risk of bleeding, e.g. weight < 50kg and age >	
75yrs)	GREATER than 75yrs.
	Risk of DVT - Non-Surgical (Selection Required) Risk Definition pharmacologic AND mechanical prophylaxis must be address promer of the following medical conditions: nbophilia (Factor V Leiden, prothrombin variant mutations, ar homocysteinemia; myeloproliferative disorders) re fracture of hip, pelvis or leg e spinal cord injury with paresis ple major traumas minal or pelvic surgery for CANCER e ischemic stroke ry of PE gh Risk (Selection Required) High risk of VTE gh Risk Pharmacological Prophylaxis - Non-Surgical Patient asponse) (Selection Required) Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Response) (Selection enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min iondaparinux (ARIXTRA) injection

() 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) (Selection Required	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required) High Risk Definition	
Both pharmacologic AND mechanical prophylaxis must be address One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, an 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	ied. ticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency;
	Pauline Once DACIL & Past on
[] High risk of VTE	Routine, Once, PACU & Post-op
 [] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthropla Surgical Patient (Single Response) (Selection Required) 	asty)
() 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 Required)	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Response) (Selection	n Required)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op 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

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

Labs

Laboratory STAT Upon Arrival

STAT For 1 Occurrences, Post-op STAT For 1 Occurrences, Post-op	
STAT For 1 Occurrences	
6 hours after Arrival, Post-op	
STAT For 1 Occurrences	
6 hours after Arrival, Post-op	
	STAT For 1 Occurrences, Post-op STAT For 1 Occurrences 6 hours after Arrival, Post-op STAT For 1 Occurrences

POD #1 and AM Labs

[X] Phosphorus level

	AM draw reports Ctarting S. 4 Far 2 Davis Dack on
[X] Magnesium level [X] CBC with platelet and differential	AM draw repeats, Starting S+1 For 3 Days, Post-op AM draw repeats, Starting S+1 For 3 Days, Post-op
	AM draw repeats, Starting S+1 For 3 Days, Post-op AM draw repeats, Starting S+1 For 3 Days, Post-op
[X] Basic metabolic panel [X] Phosphorus level	AM draw repeats, Starting S+1 For 3 Days, Post-op
[] Protein, urine, random (for FSGS patients)	AM draw repeats, Starting S+1 For 3 Days, Post-op
[] Creatinine level, urine, random (for FSGS patients)	AM draw repeats, Starting S+1 For 3 Days, Post-op
POD #1 Once	
[X] Hepatic function panel	AM draw, Starting S+1 For 1 Occurrences, Post-op
Cardiology	
Cardiology POD#2	
[X] ECG 12 lead	Routine, Once, Starting S+2 at 6:00 AM For 1 Occurrences Clinical Indications: Post-Op Surgery Interpreting Physician: AM, Post-op
Imaging	
Diagnostics X-Ray	
[X] Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1 on arrival to unit, Post-op
Other Studies	
Respiratory	
Respiratory Therapy	
[] Oxygen therapy	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 90% Indications for O2 therapy: Titrate to maintain oxygen saturation greater than 90%; wean to room air, Post-o
	Routine, Every 2 hours while awake, Post-op
[X] Incentive spirometry	

Rehab

Consults For Physician Consult orders use sidebar

[X] Consult Diabetes/Endocrinology	Reason for Consult? Post Transplant Glucose Monitoring Patient/Clinical information communicated? Patient/clinical information communicated?
Consults	
[X] Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Post-op, To evaluate and treat for muscle strengthening and activity
[X] Consult to Nutrition Services	Reason For Consult? Other (Specify) Specify: Post Transplant Diet Education Post-op, Registered Dietitian
Additional Orders	