General Surgery Post-Op [1052]

Enhanced Recovery After Surgery (ERAS) Orders

ERAS Postop Diet/Nutrition and Multimodal Pain Medications

[ ] ERAS Diet and Nutrition (Single Response)

Encourage early return to normal diet (hydration and nourishment); Start or advance diet based on patient's tolerance and disease state

( ) ERAS Diet and Nutrition for Acute patients

[ ] IMPACT Advanced Recovery	Routine, Hospital Performed
[ ] Encourage sips of IMPACT as tolerated	Routine, Hospital Performed
[ ] Diet - Soft easy to digest	Routine, Hospital Performed
[ ] Consult to Nutrition Services	Routine, Hospital Performed
[ ] Chew Gum	Routine, Hospital Performed

( ) ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

[ ] IMPACT Advanced Recovery	Routine, Hospital Performed
[ ] Encourage sips of IMPACT as tolerated	Routine, Hospital Performed
[ ] Nursing communication	Routine, Hospital Performed
[ ] Diet - Full Liquids	Routine, Hospital Performed
[ ] Consult to Nutrition Services	Routine, Hospital Performed

[ ] ERAS Diet and Nutrition (Single Response)

Encourage early return to normal diet (hydration and nourishment); Start or advance diet based on patient's tolerance and disease state

( ) ERAS Diet and Nutrition for Acute patients

[ ] Diet - Soft easy to digest	Routine, Hospital Performed
[ ] Chew Gum	Routine, Hospital Performed

( ) ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

[ ] Nursing communication	Routine, Hospital Performed
[ ] Diet - Full Liquids	Routine, Hospital Performed

[ ] ERAS Multimodal Pain Medications

Goal of ERAS multimodal pain management is to preemptively manage and control postoperative pain and reduce opioid use. Select a combination of scheduled around the clock non-opioid analgesic medications and use opioid only for moderate to severe breakthrough pain (pain score 4-10)

[ ] acetaminophen (TYLENOL) (Single Response)

Select IV then switch to oral or enteral as scheduled OR select oral or enteral post-op; Do not exceed 4 gms a day/2 gms for cirrhotic patients.

( ) Acetaminophen oral, per tube or rectal **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, For 3 Doses
[ ] acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.
[ ] acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.

( ) Acetaminophen oral, per tube or rectal - for patients with cirrhosis or severe hepatic dysfunction **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, For 3 Doses

[ ]	acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.
[ ]	acetaminophen (TYLENOL) suppository	650 mg, rectal, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.

( ) acetaminophen IV followed by oral

[ ]	acetaminophen (OFIRMEV) IV	1,000 mg, intravenous, for 15 Minutes, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?

[ ] acetaminophen (TYLENOL) (Single Response)

( ) Acetaminophen oral, per tube or rectal 1000 mg **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses
[ ]	acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
[ ]	acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.

( ) Acetaminophen oral, per tube or rectal 650 mg - for patients with cirrhosis or severe hepatic dysfunction **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses
[ ]	acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
[ ]	acetaminophen (TYLENOL) suppository	650 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.

( )	acetaminophen (OFIRMEV) IV (RESTRICTED) - for patients that cannot tolerate oral/enteral/rectal	1,000 mg, intravenous, for 15 Minutes, every 8 hours, For 3 Doses Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?

[ ] Nonsteroidal Anti-inflammatory Drug (NSAID) (Single Response)

Select Ketorolac(TORADOL) IV and one oral NSAID to follow IV dose OR select one oral NSAID unless contraindicated; Do not give to patients with Stage IV - V CKD or AKI; increases risk of GI bleeding

( ) Ketorolac (TORADOL) IV X 24 hours followed by oral NSAID

[ ] ketorolac (TORADOL) IV (Single Response)

( )	ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours Then switch to oral NSAID
( )	ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours Then switch to oral NSAID
( )	ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours Then switch to oral NSAID
( )	ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours Then switch to oral NSAID.

[ ] Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)

( )	celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+24 Hours Do not administer to patients with CrCl<30
( )	celecoxib (CeleBREX) 400 mg	400 mg, oral, 2 times daily, Starting H+24 Hours Do not administer to patients with CrCl<30
( )	ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+24 Hours

( ) ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+24 Hours
( ) ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+24 Hours
( ) naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+24 Hours

( ) Ketorolac (TORADOL) IV X 48 hours followed by oral NSAID

[ ] ketorolac (TORADOL) IV (Single Response)

( ) ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours Then switch to oral NSAID
( ) ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours Then switch to oral NSAID
( ) ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours Then switch to oral NSAID
( ) ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours Then switch to oral NSAID.

[ ] Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)

( ) celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+48 Hours Do not administer to patients with CrCl<30
( ) celecoxib (CeleBREX) 400 mg	400 mg, oral, 2 times daily, Starting H+48 Hours Do not administer to patients with CrCl<30
( ) ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+48 Hours
( ) ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+48 Hours
( ) ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+48 Hours
( ) naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+48 Hours

( ) Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)

( ) celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily Do not administer to patients with CrCl<30
( ) celecoxib (CeleBREX) 400 mg	400 mg, oral, 2 times daily Do not administer to patients with CrCl<30
( ) ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled
( ) ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled
( ) ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled
( ) naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily

[ ] Gabapentinoids (Single Response)

Consider pregabalin (LYRICA) only if unable to tolerate gabapentin (NEURONTIN)
Contact physician if somnolence or drowsiness persists; Need renal dose adjustment; Do not administer if CrCl < 15 mL/min; Give with caution to patients 65 years of age and older

( ) pregabalin (LYRICA) (Single Response)

( ) For patients GREATER than 65 years old (Single Response)

( ) pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min)	25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min)	25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min)	25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

( ) For patients LESS than 65 years old (Single Response)

( ) pregabalin (LYRICA) capsule 50 mg (CrCl greater than or equal to 60 mL/min)	50 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min)	50 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

( ) pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)	50 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

( ) gabapentin (NEURONTIN) (Single Response)

( ) For patients GREATER than 65 years old (Single Response)

( ) gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)	100 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min)	100 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) gabapentin (NEURONTIN) capsule 100 mg (CrCl 15-29 mL/min)	100 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

( ) For patients LESS than 65 years old (Single Response)

( ) gabapentin (NEURONTIN) capsule 300 mg (CrCl greater than or equal to 60 mL/min)	300 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) gabapentin (NEURONTIN) capsule 300 mg (CrCl 30-59 mL/min)	300 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) gabapentin (NEURONTIN) capsule 300 mg (CrCl 15-29 mL/min)	300 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

[ ] Muscle Relaxant (Single Response)

( ) Patients GREATER THAN or EQUAL to 65 years old

[ ] methocarbamol (ROBAXIN) IV followed by oral

[ ] methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses
[ ] methocarbamol (ROBAXIN) tablet	250 mg, oral, every 8 hours scheduled, Starting H+24 Hours
[ ] cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 12 hours scheduled

( ) Patients LESS THAN 65 years old

[ ] methocarbamol (ROBAXIN) IV followed by oral (For patients GREATER than or EQUAL to 65 years old)

[ ] methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses
[ ] methocarbamol (ROBAXIN) tablet	750 mg, oral, every 8 hours scheduled, Starting H+24 Hours
[ ] cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, 3 times daily

[ ] lidocaine (LIDODERM) patch

[ ] lidocaine (LIDODERM) 5 %	1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine).

[ ] Opioids

Only for moderate to severe breakthrough pain

[ ] For moderate breakthrough pain (pain score 4-6)

[ ] oxyCODone (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6)

[ ] traMADoL (ULTRAM) (Single Response)

( ) traMADoL (ULTRAM) tablet - patients with cirrhosis	50 mg, oral, every 12 hours PRN, moderate pain (score 4-6)
( ) traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)

[ ] For severe breakthrough pain (pain score 7-10)

[ ] oxyCODone (ROXICODONE) IR - patients LESS than 65 years old	10 mg, oral, every 6 hours PRN, severe pain (score 7-10)
[ ] oxyCODONE (ROXICODONE) IR - patients 65 years old and greater	5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
[ ] traMADol (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, severe pain (score 7-10)
[ ] hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) IF unable to tolerate oral intake

ERAS Postop Diet/Nutrition and Mutimodal Pain Medications

[ ] ERAS Diet and Nutrition (Single Response)

Encourage early return to normal diet (hydration and nourishment); Start or advance diet based on patient's tolerance and disease state

( ) ERAS Diet and Nutrition for Acute patients

[ ] Diet - Soft easy to digest	Routine, Hospital Performed
[ ] Chew Gum	Routine, Hospital Performed

( ) ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

[ ] Nursing communication	Routine, Hospital Performed
[ ] Diet - Full Liquids	Routine, Hospital Performed

[ ] ERAS Diet and Nutrition (Single Response)

Encourage early return to normal diet (hydration and nourishment); Start or advance diet based on patient's tolerance and disease state

( ) ERAS Diet and Nutrition for Acute patients

[ ] IMPACT Advanced Recovery	Routine, Hospital Performed
[ ] Encourage sips of IMPACT as tolerated	Routine, Hospital Performed
[ ] Diet - Soft easy to digest	Routine, Hospital Performed
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( ) ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

[ ] IMPACT Advanced Recovery	Routine, Hospital Performed
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[ ] Consult to Nutrition Services	Routine, Hospital Performed

[ ] ERAS Multimodal Pain Medications

Goal of ERAS multimodal pain management is to preemptively manage and control postoperative pain and reduce opioid use. Select a combination of scheduled around the clock non-opioid analgesic medications and use opioid only for moderate to severe breakthrough pain (pain score 4-10)

[ ] acetaminophen (TYLENOL) (Single Response)

Select IV then switch to oral or enteral as scheduled OR select oral or enteral post-op; Do not exceed 4 gms a day/2 gms for cirrhotic patients.

( ) Acetaminophen oral, per tube or rectal **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

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[ ] acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.
[ ] acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.

( ) Acetaminophen oral, per tube or rectal - for patients with cirrhosis or severe hepatic dysfunction **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, For 3 Doses
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( ) acetaminophen IV followed by oral

[ ] acetaminophen (OFIRMEV) IV — 1,000 mg, intravenous, for 15 Minutes, once, For 1 Doses
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?

[ ] acetaminophen (TYLENOL) (Single Response)

( ) Acetaminophen oral, per tube or rectal 1000 mg **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses
[ ] acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
[ ] acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.

( ) Acetaminophen oral, per tube or rectal 650 mg - for patients with cirrhosis or severe hepatic dysfunction **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

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[ ] acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
[ ] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.

( ) acetaminophen (OFIRMEV) IV (RESTRICTED) - for patients that cannot tolerate oral/enteral/rectal — 1,000 mg, intravenous, for 15 Minutes, every 8 hours, For 3 Doses
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?

[ ] Nonsteroidal Anti-inflammatory Drug (NSAID) (Single Response)

Select Ketorolac(TORADOL) IV and one oral NSAID to follow IV dose OR select one oral NSAID unless contraindicated; Do not give to patients with Stage IV - V CKD or AKI; increases risk of GI bleeding

( ) Ketorolac (TORADOL) IV X 24 hours followed by oral NSAID

[ ] ketorolac (TORADOL) IV (Single Response)

( ) ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours Then switch to oral NSAID
( ) ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours Then switch to oral NSAID
( ) ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours Then switch to oral NSAID
( ) ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours Then switch to oral NSAID.

[ ] Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)

( ) celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+24 Hours Do not administer to patients with CrCl<30
( ) celecoxib (CeleBREX) 400 mg	400 mg, oral, 2 times daily, Starting H+24 Hours Do not administer to patients with CrCl<30
( ) ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+24 Hours
( ) ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+24 Hours
( ) ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+24 Hours
( ) naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+24 Hours

( ) Ketorolac (TORADOL) IV X 48 hours followed by oral NSAID

[ ] ketorolac (TORADOL) IV (Single Response)

( ) ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours Then switch to oral NSAID
( ) ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours Then switch to oral NSAID
( ) ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours Then switch to oral NSAID
( ) ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours Then switch to oral NSAID.

[ ] Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)

( ) celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+48 Hours Do not administer to patients with CrCl<30
( ) celecoxib (CeleBREX) 400 mg	400 mg, oral, 2 times daily, Starting H+48 Hours Do not administer to patients with CrCl<30
( ) ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+48 Hours
( ) ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+48 Hours
( ) ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+48 Hours
( ) naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+48 Hours

( ) Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)

( ) celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily Do not administer to patients with CrCl<30
( ) celecoxib (CeleBREX) 400 mg	400 mg, oral, 2 times daily Do not administer to patients with CrCl<30
( ) ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled
( ) ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled
( ) ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled
( ) naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily

[ ] Gabapentinoids (Single Response)

Consider pregabalin (LYRICA) only if unable to tolerate gabapentin (NEURONTIN)
Contact physician if somnolence or drowsiness persists; Need renal dose adjustment; Do not administer if CrCl < 15 mL/min; Give with caution to patients 65 years of age and older

( ) pregabalin (LYRICA) (Single Response)

( ) For patients GREATER than 65 years old (Single Response)

( ) pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min)	25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min)	25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min)	25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

( ) For patients LESS than 65 years old (Single Response)

( ) pregabalin (LYRICA) capsule 50 mg (CrCl greater than or equal to 60 mL/min)	50 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min)	50 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)	50 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

( ) gabapentin (NEURONTIN) (Single Response)

( ) For patients GREATER than 65 years old (Single Response)

( ) gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)	100 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min)	100 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) gabapentin (NEURONTIN) capsule 100 mg (CrCl 15-29 mL/min)	100 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

( ) For patients LESS than 65 years old (Single Response)

( ) gabapentin (NEURONTIN) capsule 300 mg (CrCl greater than or equal to 60 mL/min)	300 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) gabapentin (NEURONTIN) capsule 300 mg (CrCl 30-59 mL/min)	300 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) gabapentin (NEURONTIN) capsule 300 mg (CrCl 15-29 mL/min)	300 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

[ ] Muscle Relaxant (Single Response)

( ) Patients GREATER THAN or EQUAL to 65 years old

[ ] methocarbamol (ROBAXIN) IV followed by oral

[ ] methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses
[ ] methocarbamol (ROBAXIN) tablet	250 mg, oral, every 8 hours scheduled, Starting H+24 Hours

[ ] cyclobenzaprine (FLEXERIL) tablet — 5 mg, oral, every 12 hours scheduled

( ) Patients LESS THAN 65 years old

[ ] methocarbamol (ROBAXIN) IV followed by oral (For patients GREATER than or EQUAL to 65 years old)

[ ] methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses
[ ] methocarbamol (ROBAXIN) tablet	750 mg, oral, every 8 hours scheduled, Starting H+24 Hours

[ ] cyclobenzaprine (FLEXERIL) tablet — 5 mg, oral, 3 times daily

[ ] lidocaine (LIDODERM) patch

[ ] lidocaine (LIDODERM) 5 % — 1 patch, transdermal, for 12 Hours, every 24 hours
Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine).

[ ] Opioids

Only for moderate to severe breakthrough pain

[ ] For moderate breakthrough pain (pain score 4-6)

[ ] oxyCODone (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6)

[ ] traMADoL (ULTRAM) (Single Response)

( ) traMADoL (ULTRAM) tablet - patients with cirrhosis	50 mg, oral, every 12 hours PRN, moderate pain (score 4-6)
( ) traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)

[ ] For severe breakthrough pain (pain score 7-10)

[ ] oxyCODone (ROXICODONE) IR - patients LESS than 65 years old	10 mg, oral, every 6 hours PRN, severe pain (score 7-10)
[ ] oxyCODONE (ROXICODONE) IR - patients 65 years old and greater	5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
[ ] traMADol (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, severe pain (score 7-10)
[ ] hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) IF unable to tolerate oral intake

General

Common Present on Admission Diagnosis

[ ]	Acidosis	Routine, Hospital Performed
[ ]	Acute Post-Hemorrhagic Anemia	Routine, Hospital Performed
[ ]	Acute Renal Failure	Routine, Hospital Performed
[ ]	Acute Respiratory Failure	Routine, Hospital Performed
[ ]	Acute Thromboembolism of Deep Veins of Lower Extremities	Routine, Hospital Performed
[ ]	Anemia	Routine, Hospital Performed
[ ]	Bacteremia	Routine, Hospital Performed
[ ]	Bipolar disorder, unspecified	Routine, Hospital Performed
[ ]	Cardiac Arrest	Routine, Hospital Performed
[ ]	Cardiac Dysrhythmia	Routine, Hospital Performed
[ ]	Cardiogenic Shock	Routine, Hospital Performed
[ ]	Decubitus Ulcer	Routine, Hospital Performed
[ ]	Dementia in Conditions Classified Elsewhere	Routine, Hospital Performed
[ ]	Disorder of Liver	Routine, Hospital Performed
[ ]	Electrolyte and Fluid Disorder	Routine, Hospital Performed
[ ]	Intestinal Infection due to Clostridium Difficile	Routine, Hospital Performed
[ ]	Methicillin Resistant Staphylococcus Aureus Infection	Routine, Hospital Performed
[ ]	Obstructive Chronic Bronchitis with Exacerbation	Routine, Hospital Performed
[ ]	Other Alteration of Consciousness	Routine, Hospital Performed
[ ]	Other and Unspecified Coagulation Defects	Routine, Hospital Performed
[ ]	Other Pulmonary Embolism and Infarction	Routine, Hospital Performed
[ ]	Phlebitis and Thrombophlebitis	Routine, Hospital Performed
[ ]	Protein-calorie Malnutrition	Routine, Hospital Performed
[ ]	Psychosis, unspecified psychosis type	Routine, Hospital Performed
[ ]	Schizophrenia Disorder	Routine, Hospital Performed
[ ]	Sepsis	Routine, Hospital Performed
[ ]	Septic Shock	Routine, Hospital Performed
[ ]	Septicemia	Routine, Hospital Performed
[ ]	Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Routine, Hospital Performed
[ ]	Urinary Tract Infection, Site Not Specified	Routine, Hospital Performed

Elective Outpatient, Observation, or Admission (Single Response)

( )	Elective outpatient procedure: Discharge following routine recovery	Routine, Hospital Performed
( )	Outpatient observation services under general supervision	Routine, Hospital Performed
( )	Outpatient in a bed - extended recovery	Routine, Hospital Performed
( )	Admit to Inpatient	Routine, Hospital Performed

Admission or Observation (Single Response)
Patient has active outpatient status order on file

( )	Admit to Inpatient	Routine, Hospital Performed
( )	Outpatient observation services under general supervision	Routine, Hospital Performed
( )	Outpatient in a bed - extended recovery	Routine, Hospital Performed
( )	Transfer patient	Routine, Hospital Performed
( )	Return to previous bed	Routine, Hospital Performed

Admission (Single Response)
Patient has active status order on file

( )	Admit to inpatient	Routine, Hospital Performed
( )	Transfer patient	Routine, Hospital Performed
( )	Return to previous bed	Routine, Hospital Performed

Transfer (Single Response)

Patient has active inpatient status order on file

( ) Transfer patient	Routine, Hospital Performed
( ) Return to previous bed	Routine, Hospital Performed

Code Status

@CERMSG(674511:)@

[X] Code Status (Single Response)

DNR and Modified Code orders should be placed by the responsible physician.

( ) Full code	Routine, Hospital Performed
( ) DNR (Do Not Resuscitate) (Selection Required)	
[ ] DNR (Do Not Resuscitate)	Routine, Hospital Performed
[ ] Consult to Palliative Care Service	
[ ] Consult to Palliative Care Service	Routine, Hospital Performed
[ ] Consult to Social Work	Routine, Hospital Performed
( ) Modified Code	Routine, Hospital Performed
[ ] Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))	Routine, Hospital Performed

Isolation

[ ] Airborne isolation status	
[ ] Airborne isolation status	Routine, Hospital Performed
[ ] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Routine, Unit Collect
[ ] Contact isolation status	Routine, Hospital Performed
[ ] Droplet isolation status	Routine, Hospital Performed
[ ] Enteric isolation status	Routine, Hospital Performed

Precautions

[ ] Aspiration precautions	Routine, Hospital Performed
[ ] Fall precautions	Routine, Hospital Performed
[ ] Latex precautions	Routine, Hospital Performed
[ ] Seizure precautions	Routine, Hospital Performed

Nursing

Vital Signs

[ ] Vital signs-Per unit protocol	Routine, Hospital Performed
[ ] Vital signs-Q4H	Routine, Hospital Performed
[ ] Pulse oximetry	Routine, Hospital Performed

Activity

[ ] Head of bed	Routine, Hospital Performed
[ ] Bed rest with bedside commode	Routine, Hospital Performed
[ ] Up in chair for meals	Routine, Hospital Performed
[ ] Ambulate with assistance	Routine, Hospital Performed
[ ] Activity as tolerated	Routine, Hospital Performed

Nursing

[X] Height and weight	Routine, Hospital Performed
[ ] Daily weights	Routine, Hospital Performed
[ ] Measure drainage	Routine, Hospital Performed
[X] Intake and Output	Routine, Hospital Performed
[ ] Oral care	Routine, Hospital Performed
[ ] Oral care	Routine, Hospital Performed

[ ] Assist with feeding patient	Routine, Hospital Performed

Line/Drain Care

[ ] Saline lock IV	Routine, Hospital Performed
[ ] Insert and Maintain Foley	
[ ] Insert Foley catheter	Routine, Hospital Performed
[ ] Foley Catheter Care	Routine, Hospital Performed
[ ] Drain care	Routine, Hospital Performed
[ ] Nasogastric tube maintenance	Routine, Hospital Performed

Wound/Incision Care

[ ] Apply ice pack	Routine, Hospital Performed
[ ] Reinforce dressing	Routine, Hospital Performed
[ ] Sitz bath	Routine, Hospital Performed
[ ] Surgical/incision site care	Routine, Hospital Performed
[ ] Wound care orders	Routine, Hospital Performed
[ ] Provide equipment / supplies at bedside	Routine, Hospital Performed
[ ] Wound vac (Not Consult Order)	Routine, Hospital Performed
[ ] Consult to Wound Ostomy Care Nurse	Routine, Hospital Performed

Diet

[ ] NPO	Routine, Hospital Performed
[ ] Diet- Clear liquid	Routine, Hospital Performed

Notify

[ ] Notify Physician for vitals:	Routine, Hospital Performed
[ ] Notify Physician (Specify)	Routine, Hospital Performed

IV Fluids

IV Fluids (Single Response)

( ) lactated Ringer's infusion	intravenous, continuous, Post-op
( ) sodium chloride 0.9 % infusion	intravenous, continuous, Post-op
( ) sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Post-op
( ) dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients	intravenous, continuous, Post-op

Medications

Postoperative Antibiotics: For Patients LESS than or EQUAL to 120 kg (Single Response)

( ) cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
( ) cefoxitin (MEFOXIN) IV	2 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
( ) ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
( ) cefTRIAXone 1 g IV + metroNIDAZOLE 500 mg IV	**"And" Linked Panel**
[ ] cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
[ ] metronidazole (FLAGYL)	500 mg, intravenous, once, For 1 Doses, Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Reason for Therapy: Surgical Prophylaxis

Postoperative Antibiotics: For Patients GREATER than 120 kg (Single Response)

( )	cefazolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
( )	cefoxitin (MEFOXIN) IV	2 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
( )	ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
( )	cefTRIAXone 1 g IV + metroNIDAZOLE 500 mg IV	**"And" Linked Panel**
[ ]	cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
[ ]	metronidazole (FLAGYL)	500 mg, intravenous, once, For 1 Doses, Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Reason for Therapy: Surgical Prophylaxis

Postoperative Antibiotics: If Beta-Lactam Allergy

[ ]	metronidazole (FLAGYL) IV	500 mg, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
[ ]	ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
[ ]	cefTRIAXone 1 g IV + metroNIDAZOLE 500 mg IV	**"And" Linked Panel**
[ ]	cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
[ ]	metronidazole (FLAGYL)	500 mg, intravenous, once, For 1 Doses, Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Reason for Therapy: Surgical Prophylaxis

Postoperative Antibiotics: If MRSA Suspected

[ ]	vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
[ ]	vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis:
[ ]	Pharmacy consult to manage vancomycin	STAT, Hospital Performed

Beta-Blockers

[ ]	metoprolol (LOPRESSOR) injection	5 mg, intravenous, every 6 hours, Post-op hold if systolic blood pressure is LESS than 110 and heart rate is LESS than 60 bpm BP & HR HOLD parameters for this order: Contact Physician if:
[ ]	metoprolol tartrate (LOPRESSOR) tablet	100 mg, oral, 2 times daily at 0600, 1800, Post-op hold if systolic blood pressure is LESS than 110 and heart rate is LESS than 60 bpm BP & HR HOLD parameters for this order: Contact Physician if:
[ ]	labetalol (NORMODYNE) tablet	200 mg, oral, 2 times daily at 0600, 1800, Post-op BP & HR HOLD parameters for this order: Contact Physician if:
[ ]	labetalol (NORMODYNE,TRANDATE) injection	intravenous, Post-op

Respiratory

[ ]	albuterol (PROVENTIL HFA;VENTOLIN HFA) inhaler	2 puff, inhalation, Respiratory Therapy - every 6 hours, Post-op
[ ]	tiotropium (SPIRIVA) 18 mcg per inhalation capsule	1 capsule, inhalation, Respiratory Therapy - Daily, Post-op

Scheduled Pain Medications (Single Response)

Consider scheduled option if pain source is present and patient unable to reliably communicate needs.
Do not order both scheduled and PRN NSAIDs/APAP simultaneously.

( ) acetaminophen (TYLENOL) 500 mg tablet or liquid **"Or" Linked Panel**	
[ ] acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours scheduled, Post-op Use if patient can tolerate oral tablet.
[ ] acetaminophen (TYLENOL) liquid	500 mg, oral, every 6 hours scheduled, Post-op
( ) acetaminophen (TYLENOL) 650 mg tablet or liquid **"Or" Linked Panel**	
[ ] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours scheduled, Post-op Use if patient can tolerate oral tablet.
[ ] acetaminophen (TYLENOL) liquid	650 mg, oral, every 6 hours scheduled, Post-op

( ) NSAIDS: For Patients LESS than 65 years old (Single Response)

( ) ibuprofen (ADVIL, MOTRIN) tablet or oral suspension **"Or" Linked Panel**	
[ ] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours scheduled, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
[ ] ibuprofen (MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours scheduled, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
( ) naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily, Post-op
( ) celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily, Post-op
( ) ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours scheduled, Post-op For patients LESS THAN 65 years old. Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.

( ) NSAIDS: For Patients GREATER than or EQUAL to 65 years old (Single Response)

( ) ibuprofen (ADVIL, MOTRIN) tablet or oral suspension **"Or" Linked Panel**	
[ ] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours scheduled, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
[ ] ibuprofen (MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours scheduled, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet.
( ) naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily, Post-op
( ) celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily, Post-op
( ) ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours scheduled, Post-op

PRN Pain Medications

[ ] PRN Medications for Mild Pain (Pain Score 1-3): For Patients LESS than 65 years old (Single Response)

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

( ) acetaminophen (TYLENOL) tablet OR oral suspension OR rectal suppository **"Or" Linked Panel**	
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient able to swallow tablet.
[ ] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot tolerate oral tablet.
[ ] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot tolerate oral tablet OR oral solution.
( ) ibuprofen (ADVIL, MOTRIN) tablet or oral suspension **"Or" Linked Panel**	
[ ] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication.

[ ] ibuprofen (MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet.
( ) naproxen (NAPROSYN) tablet	250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op
( ) celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily PRN, mild pain (score 1-3), Post-op
( ) ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient unable to swallow tablet.

[ ] PRN Medications for Mild Pain (Pain Score 1-3): For Patients GREATER than or EQUAL to 65 years old (Single Response)

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

( ) acetaminophen (TYLENOL) tablet OR oral suspension **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
[ ] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot tolerate oral tablet.

( ) ibuprofen (ADVIL, MOTRIN) tablet or oral suspension **"Or" Linked Panel**

[ ] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication.
[ ] ibuprofen (MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet.

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir **"Or" Linked Panel**

[ ] acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
[ ] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
( ) ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient able to swallow tablet

[ ] PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir **"Or" Linked Panel**

[ ] acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
[ ] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:

( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
[ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
( ) oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Tablets may be crushed. Give if patient able to swallow tablet
( ) traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Max daily dose 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.

[ ] PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than or EQUAL to 65 years old (Single Response)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir **"Or" Linked Panel**

[ ] acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
[ ] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:

( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
[ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
( ) oxyCODONE (ROXICODONE) immediate release tablet	2.5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Tablets may be crushed. Give if patient able to swallow tablet
( ) traMADoL (ULTRAM) tablet	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.

[ ] PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old if unable to tolerate Oral Pain Medication. (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

( ) morPHINE injection	2 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
( ) hydromorPHONE (DILAUDID) injection	0.25 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications

( ) ketorolac (TORADOL) IV (Single Response)

Do NOT use in patients with eGFR LESS than 30 mL/min.
WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

( ) For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications

[ ] PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than or EQUAL to 65 years old if unable to tolerate Oral Pain Medication. (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized. (adjust dose for renal/liver function and age)

( ) morPHINE injection	1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.

( )	hydromorPHONE (DILAUDID) injection	0.25 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications

[ ] PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

( )	HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet.
[ ]	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
( )	morPHINE immediate-release tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet
( )	oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet

[ ] PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than or EQUAL to 65 years old (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

( )	oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Oral tablets may be crushed. Give if patient able to swallow tablet
( )	morPHINE immediate-release tablet	7.5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Oral tablets may be crushed. Give if patient able to swallow tablets.
( )	HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet.
[ ]	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
( )	HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet.
[ ]	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
( )	traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.

[ ] PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old if unable to tolerate Oral Pain Medication. (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

( ) fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
( ) morPHINE injection	4 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
( ) hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.

[ ] PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than or EQUAL to 65 years old if unable to tolerate Oral Pain Medication. (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

( ) fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
( ) morPHINE injection	2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
( ) hydromorPHONE (DILAUDID) injection	0.25 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.

Antiemetics

[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) IV or Oral or Rectal	**"Or" Linked Panel**
[ ] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting 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 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 Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMSL, HMWB Only

[X] ondansetron (ZOFRAN) IV or Oral (Selection 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.

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

Insomnia: For Patients LESS than 70 years old (Single Response)

( )	zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep
( )	ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep

Insomnia: For Patients GREATER than or EQUAL to 70 years old (Single Response)

( )	ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep

Itching: For Patients LESS than 70 years old (Single Response)

( )	diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 6 hours PRN, itching
( )	hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching
(X)	cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
( )	fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed	60 mg, oral, 2 times daily PRN, itching

GI Medications (Single Response)

( )	famotidine (PEPCID) Oral or IV	**"Or" Linked Panel**
[ ]	famotidine (PEPCID) tablet	20 mg, oral, 2 times daily, Post-op May crush and give per nasogastric tube if needed. Give the tablet if the patient can tolerate oral medication.
[ ]	famotidine (PEPCID) injection	20 mg, intravenous, 2 times daily, Post-op Use injection if patient cannot tolerate oral medication or requires a faster onset of action. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
( )	pantoprazole (PROTONIX) Oral or IV	**"Or" Linked Panel**
[ ]	pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600, Post-op Give the tablet if the patient can tolerate oral medication. Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

[ ]	pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily at 0600, Post-op Use injection if patient cannot tolerate oral medication or requires a faster onset of action. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

sodium chloride 0.9% bag for line care

[X]	sodium chloride 0.9% bag for line care	250 mL, intravenous, PRN, line care For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 24 hours.

VTE

DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)

VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ]	Moderate risk of VTE	Routine, Normal
[ ]	Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Normal
[ ]	Place sequential compression device (Single Response)	
( )	Contraindications exist for mechanical prophylaxis	Routine, Normal
( )	Place/Maintain sequential compression device continuous	Routine, Hospital Performed

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ]	Moderate risk of VTE	Routine, Normal
[ ]	Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Normal
[ ]	Place sequential compression device (Single Response)	
( )	Contraindications exist for mechanical prophylaxis	Routine, Normal
( )	Place/Maintain sequential compression device continuous	Routine, Hospital Performed

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ]	High risk of VTE	Routine, Normal
[ ]	Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Normal
[ ]	Place sequential compression device (Single Response)	
( )	Contraindications exist for mechanical prophylaxis	Routine, Normal

( ) Place/Maintain sequential compression device continuous — Routine, Hospital Performed

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] High risk of VTE — Routine, Normal

[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis — Routine, Normal

[ ] Place sequential compression device (Single Response)

( ) Contraindications exist for mechanical prophylaxis — Routine, Normal

( ) Place/Maintain sequential compression device continuous — Routine, Hospital Performed

( ) LOW Risk of DVT (Selection Required)

Low Risk Definition
Age less than 60 years and NO other VTE risk factors

[ ] Low Risk (Single Response) (Selection Required)

( ) Low risk of VTE — Routine, Normal

( ) MODERATE Risk of DVT - 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 (Selection Required)

[ ] Moderate risk of VTE — Routine, Normal

[ ] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device — **"And" Linked Panel**

[ ] Contraindications exist for pharmacologic prophylaxis — Routine, Normal

[ ] Place/Maintain sequential compression device continuous — Routine, Hospital Performed

( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis — **"And" Linked Panel**

[ ] Contraindications exist for pharmacologic prophylaxis — Routine, Normal

[ ] Contraindications exist for mechanical prophylaxis — Routine, Normal

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700

[ ] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous

[ ] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):

( ) 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, Hospital Performed

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis	Routine, Normal
( ) Place/Maintain sequential compression device continuous	Routine, Hospital Performed

( ) 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 (Selection Required)

[ ] Moderate risk of VTE — Routine, Normal

[ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device — **"And" Linked Panel**

- [ ] Contraindications exist for pharmacologic prophylaxis — Routine, Normal
- [ ] Place/Maintain sequential compression device continuous — Routine, Hospital Performed

( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis — **"And" Linked Panel**

- [ ] Contraindications exist for pharmacologic prophylaxis — Routine, Normal
- [ ] Contraindications exist for mechanical prophylaxis — Routine, Normal

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700

- [ ] enoxaparin (LOVENOX) injection — 30 mg, subcutaneous, daily at 1700
  Indication(s):

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous

- [ ] enoxaparin (LOVENOX) injection — subcutaneous
  Indication(s):

( ) fondaparinux (ARIXTRA) injection — 2.5 mg, subcutaneous, daily, PACU & Post-op
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication.
Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

( ) heparin (porcine) injection — 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op

( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) — 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg — 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet — oral, daily at 1700, PACU & Post-op
Indication:

( ) Pharmacy consult to manage warfarin (COUMADIN) — STAT, Hospital Performed

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis — Routine, Normal

( ) Place/Maintain sequential compression device continuous — Routine, Hospital Performed

( ) 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 (Selection Required)

[ ] High risk of VTE	Routine, Normal

[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Normal
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
[ ] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
[ ] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis	Routine, Normal
( ) Place/Maintain sequential compression device continuous	Routine, Hospital Performed

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Normal

[ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Normal

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700

[ ] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous

[ ] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis	Routine, Normal

( )	Place/Maintain sequential compression device continuous	Routine, Hospital Performed

( ) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

[ ]	High risk of VTE	Routine, Normal

[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

( )	Contraindications exist for pharmacologic prophylaxis	Routine, Normal
( )	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, Hospital Performed

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700

[ ]	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous

[ ]	enoxaparin (LOVENOX) injection	subcutaneous Indication(s):

( )	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( )	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op

( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) Rivaroxaban and Pharmacy Consult (Selection Required)	
[ ] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[ ] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Hospital Performed
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Normal
( ) Place/Maintain sequential compression device continuous	Routine, Hospital Performed

DVT Risk and Prophylaxis Tool (Single Response)

VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
[ ] Moderate risk of VTE	Routine, Normal
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Normal
[ ] Place sequential compression device (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Normal
( ) Place/Maintain sequential compression device continuous	Routine, Hospital Performed
( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
[ ] Moderate risk of VTE	Routine, Normal
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Normal
[ ] Place sequential compression device (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Normal
( ) Place/Maintain sequential compression device continuous	Routine, Hospital Performed
( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	

[ ] High risk of VTE — Routine, Normal
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis — Routine, Normal
[ ] Place sequential compression device (Single Response)
( ) Contraindications exist for mechanical prophylaxis — Routine, Normal
( ) Place/Maintain sequential compression device continuous — Routine, Hospital Performed

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)
[ ] High risk of VTE — Routine, Normal
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis — Routine, Normal
[ ] Place sequential compression device (Single Response)
( ) Contraindications exist for mechanical prophylaxis — Routine, Normal
( ) Place/Maintain sequential compression device continuous — Routine, Hospital Performed

( ) LOW Risk of DVT (Selection Required)

Low Risk Definition
Age less than 60 years and NO other VTE risk factors

[ ] Low Risk (Single Response) (Selection Required)
( ) Low risk of VTE — Routine, Normal

( ) MODERATE Risk of DVT - 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 (Selection Required)
[ ] Moderate risk of VTE — Routine, Normal
[ ] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)
( ) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device — **"And" Linked Panel**
[ ] Contraindications exist for pharmacologic prophylaxis — Routine, Normal
[ ] Place/Maintain sequential compression device continuous — Routine, Hospital Performed
( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis — **"And" Linked Panel**
[ ] Contraindications exist for pharmacologic prophylaxis — Routine, Normal
[ ] Contraindications exist for mechanical prophylaxis — Routine, Normal

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( )	For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
[ ]	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
( )	For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
[ ]	enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
( )	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, Hospital Performed
[ ]	Mechanical Prophylaxis (Single Response) (Selection Required)	
( )	Contraindications exist for mechanical prophylaxis	Routine, Normal
( )	Place/Maintain sequential compression device continuous	Routine, Hospital Performed

( ) 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 (Selection Required)

[ ] Moderate risk of VTE	Routine, Normal

[ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device **"And" Linked Panel**

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Normal
[ ] Place/Maintain sequential compression device continuous	Routine, Hospital Performed

( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis **"And" Linked Panel**

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Normal
[ ] Contraindications exist for mechanical prophylaxis	Routine, Normal

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700

[ ] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous

[ ] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

( )	heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
( )	warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
( )	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( )	Contraindications exist for mechanical prophylaxis	Routine, Normal
( )	Place/Maintain sequential compression device continuous	Routine, Hospital Performed

( ) 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 (Selection Required)

[ ]	High risk of VTE	Routine, Normal

[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

( )	Contraindications exist for pharmacologic prophylaxis	Routine, Normal
( )	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( )	For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
[ ]	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
( )	For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
[ ]	enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
( )	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( )	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

( )	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( )	heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
( )	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
( )	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( )	Contraindications exist for mechanical prophylaxis	Routine, Normal
( )	Place/Maintain sequential compression device continuous	Routine, Hospital Performed

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

[ ]	High risk of VTE	Routine, Normal

[ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

( )	Contraindications exist for pharmacologic prophylaxis	Routine, Normal
( )	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700

[ ]	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous

[ ]	enoxaparin (LOVENOX) injection	subcutaneous Indication(s):

( )	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

( )	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( )	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( )	heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
( )	warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
( )	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( )	Contraindications exist for mechanical prophylaxis	Routine, Normal
( )	Place/Maintain sequential compression device continuous	Routine, Hospital Performed

( ) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

[ ]	High risk of VTE	Routine, Normal

[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

( )	Contraindications exist for pharmacologic prophylaxis	Routine, Normal
( )	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, Hospital Performed

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700

[ ]	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):

( )	For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
[ ]	enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
( )	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( )	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( )	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( )	heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
( )	Rivaroxaban and Pharmacy Consult (Selection Required)	
[ ]	rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[ ]	Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Hospital Performed
( )	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( )	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed
[ ]	Mechanical Prophylaxis (Single Response) (Selection Required)	
( )	Contraindications exist for mechanical prophylaxis	Routine, Normal
( )	Place/Maintain sequential compression device continuous	Routine, Hospital Performed

Labs Today

Hematology/Coagulation

[ ]	Hemoglobin and hematocrit	Routine, Unit Collect
[ ]	CBC with platelet and differential	Routine, Unit Collect
[ ]	Prothrombin time with INR	Routine, Unit Collect
[ ]	Partial thromboplastin time	Routine, Unit Collect
[ ]	Type and screen	Routine, Unit Collect

Chemistry

[ ]	Basic metabolic panel	Routine, Unit Collect
[ ]	Comprehensive metabolic panel	Routine, Unit Collect
[ ]	Calcium	Routine, Unit Collect
[ ]	Hepatic function panel	Routine, Unit Collect
[ ]	Magnesium	Routine, Unit Collect
[ ]	Phosphorus level	Routine, Unit Collect

Labs Tomorrow

Hematology/Coagulation

[ ]	CBC with platelet and differential	Routine, Unit Collect
[ ]	Prothrombin time with INR	Routine, Unit Collect
[ ]	Partial thromboplastin time	Routine, Unit Collect

[ ] Type and screen	Routine, Unit Collect

Chemistry

[ ] Amylase	Routine, Unit Collect
[ ] Basic metabolic panel	Routine, Unit Collect
[ ] Comprehensive metabolic panel	Routine, Unit Collect
[ ] Calcium	Routine, Unit Collect
[ ] Hepatic function panel	Routine, Unit Collect
[ ] Lipase level	Routine, Unit Collect
[ ] Magnesium	Routine, Unit Collect
[ ] Phosphorus level	Routine, Unit Collect

Cardiology

Imaging

X-Ray

[ ] Chest 1 Vw Portable	Routine, Hospital Performed
[ ] Abdomen 1 Vw Portable	Routine, Hospital Performed

Other Studies

Respiratory

Respiratory

[X] Incentive spirometry	Routine, Hospital Performed
[X] Encourage deep breathing and coughing	Routine, Hospital Performed
[X] Oxygen therapy	Routine, Hospital Performed

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

[ ] Consult to Case Management	Routine, Hospital Performed
[ ] Consult to Social Work	Routine, Hospital Performed
[ ] Consult PT eval and treat	Routine, Hospital Performed
[ ] Consult PT wound care	Routine, Hospital Performed
[ ] Consult OT eval and treat	Routine, Hospital Performed
[ ] Consult to Nutrition Services	Routine, Hospital Performed
[ ] Consult to Spiritual Care	Routine, Hospital Performed
[ ] Consult to Speech Language Pathology	Routine, Hospital Performed
[ ] Consult to Wound Ostomy Care nurse	Routine, Hospital Performed
[ ] Consult to Respiratory Therapy	Routine, Hospital Performed

Additional Orders