Enhanced Recovery After Surgery (E	RAS) Orders
ERAS Postop Diet/Nutrition and Multimodal Pain	
] ERAS Diet and Nutrition (Single Response)	
	and nourishment); Start or advance diet based on patient's tolerance and
() 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 disease state	and nourishment); Start or advance diet based on patient's tolerance and
() 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	
	o preemptively manage and control postoperative pain and reduce opioid he clock non-opioid analgesic medications and use opioid only for re 4-10)
[] acetaminophen (TYLENOL) (Single Response	2)
Select IV then switch to oral or enteral as sche for cirrhotic patients.	eduled OR select oral or enteral post-op; Do not exceed 4 gms a day/2 gms
() Acetaminophen oral, per tube or rectal	"Or" Linked Panel
Maximum of 4 grams of acetaminophen per o sources)	day from all sources. (Cirrhosis patients maximum: 2 grams per day from al
[] 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 p cirrhosis or severe hepatic dysfunction	
Maximum of 4 grams of acetaminophen per o sources)	day from all sources. (Cirrhosis patients maximum: 2 grams per day from a

[] 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
	day from all sources. (Cirrhosis patients maximum: 2 grams per day from a
[] 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 r patients with cirrhosis or severe hepatic dyst 	function
Maximum of 4 grams of acetaminophen per sources)	day from all sources. (Cirrhosis patients maximum: 2 grams per day from
[] 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) (S Response)	~
	SAID to follow IV dose OR select one oral NSAID unless contraindicated; r AKI; increases risk of GI bleeding
) Ketorolac (TORADOL) IV X 24 hours followed NSAID	by oral
[] 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 (MOTF Naprosyn Sodium (ALEVE) oral/enteral doses 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
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() 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 I NSAID	by oral
[] 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 (MOTF	
Naprosyn Sodium (ALEVE) oral/enteral doses Response)	s (Single
() 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 (MOTRI	
Naprosyn Sodium (ALEVE) oral/enteral doses Response)	(Single
() 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 t	
mL/min; Give with caution to patients 65 years o	persists; Need renal dose adjustment; Do not administer if CrCl < 15
mL/min; Give with caution to patients 65 years o	persists; Need renal dose adjustment; Do not administer if CrCl < 15 of age and older
 mL/min; Give with caution to patients 65 years of pregabalin (LYRICA) (Single Response) () For patients GREATER than 65 years old (Single Response) 	persists; Need renal dose adjustment; Do not administer if CrCl < 15 of age and older
 mL/min; Give with caution to patients 65 years of () pregabalin (LYRICA) (Single Response) () For patients GREATER than 65 years old (Sir 	persists; Need renal dose adjustment; Do not administer if CrCl < 15 of age and older
 mL/min; Give with caution to patients 65 years o pregabalin (LYRICA) (Single Response) () For patients GREATER than 65 years old (Sir Response) () pregabalin (LYRICA) capsule 25 mg (CrCl 	persists; Need renal dose adjustment; Do not administer if CrCl < 15 of age and older ngle 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not
 mL/min; Give with caution to patients 65 years o pregabalin (LYRICA) (Single Response) () For patients GREATER than 65 years old (Sir Response) () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 	persists; Need renal dose adjustment; Do not administer if CrCl < 15 of age and older ngle 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not
 mL/min; Give with caution to patients 65 years of pregabalin (LYRICA) (Single Response) () For patients GREATER than 65 years old (Sin Response) () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) 	persists; Need renal dose adjustment; Do not administer if CrCl < 15 of age and older 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
 mL/min; Give with caution to patients 65 years of pregabalin (LYRICA) (Single Response) () For patients GREATER than 65 years old (Sin Response) () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min) 	persists; Need renal dose adjustment; Do not administer if CrCl < 15 of age and older 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

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• • •	pregabalin (LYRICA) capsule 50 mg (CrCl	50 mg, oral, at bedtime
	15-29 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
		administer if CrCl <15 mL/min
	abapentin (NEURONTIN) (Single Response)	
	For patients GREATER than 65 years old (Sin Response)	-
()	gabapentin (NEURONTIN) capsule 100 mg	100 mg, oral, 3 times daily
	(CrCl greater than or equal to 60 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
$\overline{\langle \rangle}$	rehenentin (NEUDONTIN) concula 400 mm	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 compolence or drouveiness persists: Do not
	(CICI 30-59 IIIL/IIIII)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
$\overline{()}$	gabapentin (NEURONTIN) capsule 100 mg	100 mg, oral, at bedtime
()	(CrCl 15-29 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
	administer if CrCl <15 mL/min	
()	For patients LESS than 65 years old (Single R	
	gabapentin (NEURONTIN) capsule 300 mg	300 mg, oral, 3 times daily
()	(CrCl greater than or equal to 60 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
	· · · · · ·	administer if CrCl <15 mL/min
()		300 mg, oral, 2 times daily
	(CrCl 30-59 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
		administer if CrCl <15 mL/min
()		300 mg, oral, at bedtime
	(CrCl 15-29 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
1 1.	usele Belevent (Single Beenenge)	administer if CrCl <15 mL/min
	iscle Relaxant (Single Response)	ro old
	atients GREATER THAN or EQUAL to 65 yea methocarbamol (ROBAXIN) IV followed by ora	
	methocarbamol (ROBAXIN) IV followed by ora	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
	cvclobenzaprine (ELEXERIL) tablet	
	cyclobenzaprine (FLEXERIL) tablet atients LESS THAN 65 years old	5 mg, oral, every 12 hours scheduled
() P	atients LESS THAN 65 years old	5 mg, oral, every 12 hours scheduled
(<u>)</u> P []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora	5 mg, oral, every 12 hours scheduled
(<u>)</u> P []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year	5 mg, oral, every 12 hours scheduled al (For s old)
(<u>)</u> P []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora	5 mg, oral, every 12 hours scheduled al (For s old)
(<u>)</u> P []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year	5 mg, oral, every 12 hours scheduled al (For 's old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3
() P [] [] []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB	5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses
() P [] [] []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet	5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily
() P [] [] []] lide	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours
() P [] [] [] []] lide	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet pcaine (LIDODERM) patch	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity
() P [] [] [] [] lide [] lide	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 %	5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours
() P [] [] []] lida [] lida [] lida	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 %	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity
() P [] [] []] lida [] lida [] lida	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 %	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit
() P [] [] []] lida [] lida [] lida [] Op	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 %	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 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).
() P [] [] []] lida [] lida [] lida [] Cp Or	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 %	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit or allergies to lidocaine).
() P [] [] []] lida [] lida [] lida [] Cp Or	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 %	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit or allergies to lidocaine).
() P [] [] []] lidd [] lid []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 % hioids hily for moderate to severe breakthrough pain or moderate breakthrough pain (pain score 4-6 oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response)	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 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). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6)
() P [] [] []] lidd [] lid []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 % hioids hy for moderate to severe breakthrough pain or moderate breakthrough pain (pain score 4-6 oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate
() P [] [] []] lidd [] lid []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 % bioids ly for moderate to severe breakthrough pain or moderate breakthrough pain (pain score 4-6 oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6)
() P [] [] [] [] [] lida [] lida [] lida [] [] [] [] [] [] [] ()	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) patch docaine (LIDODERM) 5 % biolds ly for moderate to severe breakthrough pain or moderate breakthrough pain (pain score 4-6 oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis traMADoL (ULTRAM) tablet	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
() P [] [] [] [] [] lida [] lida [] lida [] Cr [] F [] F [] F	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 % biolds ly for moderate to severe breakthrough pain or moderate breakthrough pain (pain score 4-6 oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis traMADoL (ULTRAM) tablet or severe breakthrough pain (pain score 7-10)	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
() P [] [] [] [] [] lide [] lide [] lide [] [] [] F [] [] F [] [] F []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) patch docaine (LIDODERM) 5 % biolds ly for moderate to severe breakthrough pain or moderate breakthrough pain (pain score 4-6 oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis traMADoL (ULTRAM) tablet	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
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() P [] [] [] [] [] lida [] lida [] lida [] lida [] [] [] [] [] F [] [] F [] [] F []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 % ioids ily for moderate to severe breakthrough pain or moderate breakthrough pain (pain score 4-6 oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis traMADoL (ULTRAM) tablet or severe breakthrough pain (pain score 7-10) oxyCODone (ROXICODONE) IR - patients	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
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ERAS Diet and Nutrition (Single Response)	
	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 (hydratior disease state	n and nourishment); Start or advance diet based on patient's tolerance and
() 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 Multimodal Pain Medications	
[] acetaminophen (TYLENOL) (Single Respons	·
moderate to severe breakthrough pain (pain sco] acetaminophen (TYLENOL) (Single Respons	ore 4-10)
 moderate to severe breakthrough pain (pain score) [] acetaminophen (TYLENOL) (Single Response Select IV then switch to oral or enteral as sch for cirrhotic patients. () Acetaminophen oral, per tube or rectal 	bre 4-10) (se) neduled OR select oral or enteral post-op; Do not exceed 4 gms a day/2 gms "Or" Linked Panel
 moderate to severe breakthrough pain (pain score of the severe breakthrough pain (Single Response Select IV then switch to oral or enteral as sch for cirrhotic patients. Acetaminophen oral, per tube or rectal 	bre 4-10) (se) neduled OR select oral or enteral post-op; Do not exceed 4 gms a day/2 gms "Or" Linked Panel
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 moderate to severe breakthrough pain (pain score of the severe breakthrough pain (Single Responses Select IV then switch to oral or enteral as schror cirrhotic patients. () Acetaminophen oral, per tube or rectal Maximum of 4 grams of acetaminophen per sources) [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) suppository [] acetaminophen oral, per tube or rectal - for cirrhosis or severe hepatic dysfunction 	re 4-10) "Or" Linked Panel "Or" Linked Panel day from all sources. (Cirrhosis patients maximum: 2 grams per day from a 1,000 mg, oral, every 8 hours, For 3 Doses 1,000 mg, oral, every 8 hours, For 3 Doses Use if patient cannot swallow tablet. 975 mg, rectal, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.
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 moderate to severe breakthrough pain (pain score of the severe her severe breakthrough pain (pain score of the severe her severe breakthrough pain (pain score of the severe her severe breakthrough pain (pain score of the severe her severe her severe breakthrough pain (pain score of the severe her severe breakthrough pain (pain score of the severe her severe her severe breakthrough pain (pain score of the severe her severe breakthrough pain (pain score of the severe her severe her severe breakthrough pain (pain score of the severe her severe breakthrough pain (pain score of the severe her severe breakthrough pain (pain score of the severe her severe breakthrough pain (pain score of the severe breakthrough pain severe breakthrough pain (pain score of the severe breakthrough pain severe breakthrough pain (pain score of the severe breakthrough pain severe breakthrough pain severe breakthrough pain (pain score of the severe breakthrough pain severe breakthrough pain severe breakthrough pain (pain score of the severe breakthrough pain severe bre	iee) ieeduled OR select oral or enteral post-op; Do not exceed 4 gms a day/2 gms "Or" Linked Panel iday from all sources. 1,000 mg, oral, every 8 hours, For 3 Doses 1,000 mg, oral, every 8 hours, For 3 Doses 1,000 mg, oral, every 8 hours, For 3 Doses Use if patient cannot swallow tablet. 975 mg, rectal, every 8 hours, For 3 Doses Use if patient cannot swallow tablet. patients with "Or" Linked Panel iday from all sources. (Cirrhosis patients maximum: 2 grams per day from a formal sources. iday from all sources. iday fro
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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	e)
() Acetaminophen oral, per tube or rectal 1000	
Maximum of 4 grams of acetaminophen per sources)	day from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] 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 n patients with cirrhosis or severe hepatic dysf 	mg - for "Or" Linked Panel
Maximum of 4 grams of acetaminophen per sources)	day from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] 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	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
tolerate oral/enteral/rectal	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) (S Response)	
Select Ketorolac(TORADOL) IV and one oral NS Do not give to patients with Stage IV - V CKD or	SAID to follow IV dose OR select one oral NSAID unless contraindicated; AKI; increases risk of GI bleeding
() Ketorolac (TORADOL) IV X 24 hours followed b NSAID	by oral
[] 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 (MOTF	
Naprosyn Sodium (ALEVE) oral/enteral doses Response)	; (Single
() 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

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 (MOTR	IN) OR
Naprosyn Sodium (ALEVE) oral/enteral doses 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 (MOTRI Naprosyn Sodium (ALEVE) oral/enteral doses (Response)	N) OR Single
) 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 to Contact physician if somnolence or drowsiness p mL/min; Give with caution to patients 65 years of	ersists; Need renal dose adjustment; Do not administer if CrCl < 15
pregabalin (LYRICA) (Single Response)	
) For patients GREATER than 65 years old (Sin	ale
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 greater than or equal to 60 mL/min) pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) 	 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 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 greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 	 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not
 () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 	 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
 () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min) 	 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
 pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min) For patients LESS than 65 years old (Single R () pregabalin (LYRICA) capsule 50 mg (CrCl 	 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min esponse) 50 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not

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
I Protein-calorie Malnutrition	Routine, Hospital Performed
Protein-calorie Manufation Psychosis, unspecified psychosis type	Routine, Hospital Performed
[] P sychols, unspecified psychols type [] Schizophrenia Disorder	Routine, Hospital Performed
[] Sepsis	Routine, Hospital Performed
	Routine, Hospital Performed
[] Septic Shock	
[] Septicemia [] Type II or Unspecified Type Diabetes Mellitus with	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 R	Response)
() Elective outpatient procedure: Discharge following	Routine, Hospital Performed
routine recovery	
() Outpatient observation services under general	Routine, Hospital Performed
supervision	
() 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	
	Deviding the Device of
() Admit to Inpatient	Routine, Hospital Performed
() Outpatient observation services under general	Routine, Hospital Performed
supervision	Douting Hoopital Darformed
() 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	d by the responsible physician
DIAR and Modified Code orders should be placed	
() Full code	Routine, Hospital Performed
() DNR (Do Not Resuscitate) (Selection Require	
[] 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 Routine, Hospital Performed
in a cardiopulmonary arrest))	
solation	
Airborne isolation status	
[] Airborne isolation status	Routine, Hospital Performed
[] Mycobacterium tuberculosis by PCR - If you	Routine, Unit Collect
suspect Tuberculosis, please order this test	
for rapid diagnostics.	
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	
/ital Signs	
] Vital signs-Per unit protocol	Routine, Hospital Performed
] Vital signs-Q4H	Routine, Hospital Performed
Pulse oximetry	Routine, Hospital Performed
ctivity	
] 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
lursing	
<] Height and weight	Routine, Hospital Performed
] Daily weights	Routine, Hospital Performed
] Measure drainage	Routine, Hospital Performed
<pre></pre>	Routine, Hospital Performed
Oral care	Routine, Hospital Performed
1 Oral care	Routine Hospital Performed

Routine, Hospital Performed

[] Oral care

[] Assist with feeding patient	Routine, Hospital Performed
Line/Drain Care	
] Saline lock IV	Routine, Hospital Performed
] Insert and Maintain Foley	
	outine, Hospital Performed
	outine, Hospital Performed
] Drain care	Routine, Hospital Performed
] Nasogastric tube maintenance	Routine, Hospital Performed
Nound/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
lotify	
] Notify Physician for vitals:	Routine, Hospital Performed
] Notify Physician (Specify)	Routine, Hospital Performed
IV Fluids	
V 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 mE infusion	q/L intravenous, continuous, Post-op
) dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patie	intravenous, continuous, Post-op ents
Vedications	
Postoperative Antibiotics: For Patients LESS than or	EQUAL to 120 kg (Single Response)
) cefazolin (ANCEF) IV - For Patients LESS than or	2 g, intravenous, once, For 1 Doses, Post-op
EQUAL to 120 kg	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
) cefTRIAXone 1 g IV + metroNIDAZOLE 500 mg IV [] cefTRIAxone (ROCEPHIN) IV 1 g	3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis "And" Linked Panel g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op
) cefTRIAXone 1 g IV + metroNIDAZOLE 500 mg IV [] cefTRIAxone (ROCEPHIN) IV 1 g Re Su	3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis "And" Linked Panel g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op eason for Therapy: Surgical Prophylaxis Irgical Prophylaxis: Please follow institutional and service line-specifi
) <u>cefTRIAXone 1 g IV + metroNIDAZOLE 500 mg IV</u> [] cefTRIAxone (ROCEPHIN) IV 1 g Re Su gu	3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis "And" Linked Panel g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op eason for Therapy: Surgical Prophylaxis urgical Prophylaxis: Please follow institutional and service line-specifi idelines for surgical prophylaxis for the stop date/duration
) cefTRIAXone 1 g IV + metroNIDAZOLE 500 mg IV [] cefTRIAxone (ROCEPHIN) IV 1 g Re Su gu [] metronidazole (FLAGYL) 50	3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis "And" Linked Panel g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op eason for Therapy: Surgical Prophylaxis urgical Prophylaxis: Please follow institutional and service line-specifi idelines for surgical prophylaxis for the stop date/duration 0 mg, intravenous, once, For 1 Doses, Post-op
) cefTRIAXone 1 g IV + metroNIDAZOLE 500 mg IV [] cefTRIAxone (ROCEPHIN) IV 1 g Re Su gu [] metronidazole (FLAGYL) 50 Pe	3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis "And" Linked Panel g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op eason for Therapy: Surgical Prophylaxis irgical Prophylaxis: Please follow institutional and service line-specifi idelines for surgical prophylaxis for the stop date/duration 0 mg, intravenous, once, For 1 Doses, Post-op er Med Staff Policy, R.Ph. will automatically switch IV to equivalent Po
) cefTRIAXone 1 g IV + metroNIDAZOLE 500 mg IV [] cefTRIAxone (ROCEPHIN) IV 1 g Re Su gu [] metronidazole (FLAGYL) 50 Pe do	3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis "And" Linked Panel g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op eason for Therapy: Surgical Prophylaxis urgical Prophylaxis: Please follow institutional and service line-specifi idelines for surgical prophylaxis for the stop date/duration

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

() cefazolin (ANCEF) IV - For Patients GREATER th	an 120 3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
kg () 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 I	
[] 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 PC 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, Pos op Reason for Therapy: Surgical Prophylaxis
[]_cefTRIAXone 1 g IV + metroNIDAZOLE 500 mg I\	
[] 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 PC dose when above approved criteria are satisfied: Reason for Therapy: Surgical Prophylaxis
Postoperative Antibiotics: If MRSA Suspected	4-
 vancomycin (VANCOCIN) IV + Pharmacy Consult 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 rat 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 rat 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) inha	aler 2 puff, inhalation, Respiratory Therapy - every 6 hours. Post-
 [] albuterol (PROVENTIL HFA;VENTOLIN HFA) inha [] tiotropium (SPIRIVA) 18 mcg per inhalation capsu 	ор

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.

	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	
[] 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 Response)	d (Single
() ibuprofen (ADVIL, MOTRIN) tablet or oral s	suspension "Or" Linked Panel
[] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours scheduled, Post-op
	Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
[] ibuprofen (MOTRIN) 100 mg/5 mL	600 mg, oral, every 6 hours scheduled, Post-op
suspension	Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
() 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 EQI years old (Single Response) 	UAL to 65
() ibuprofen (ADVIL, MOTRIN) tablet or oral s	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
RN Pain Medications	
RN Pain Medications	-3): For
RN Pain Medications	-3): For ponse)
RN Pain Medications PRN Medications for Mild Pain (Pain Score 1- Patients LESS than 65 years old (Single Resp	-3): For bonse) Ds/APAP simultaneously.
 RN Pain Medications PRN Medications for Mild Pain (Pain Score 1- Patients LESS than 65 years old (Single Resp Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral OR rectal suppository 	-3): For conse) Ds/APAP simultaneously. suspension "Or" Linked Panel
RN Pain Medications PRN Medications for Mild Pain (Pain Score 1-Patients LESS than 65 years old (Single Resp Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral OR rectal suppository Maximum of 4 grams of acetaminophen pe sources) [] acetaminophen (TYLENOL) tablet	-3): For bonse) Ds/APAP simultaneously. suspension "Or" Linked Panel ir day from all sources. (Cirrhosis patients maximum: 2 grams per day from a 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient able to swallow tablet.
RN Pain Medications PRN Medications for Mild Pain (Pain Score 1- Patients LESS than 65 years old (Single Resp Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral OR rectal suppository Maximum of 4 grams of acetaminophen pe sources)	-3): For bonse) Ds/APAP simultaneously. suspension "Or" Linked Panel or day from all sources. (Cirrhosis patients maximum: 2 grams per day from a 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient able to swallow tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot tolerate oral tablet.
RN Pain Medications PRN Medications for Mild Pain (Pain Score 1-Patients LESS than 65 years old (Single Resp Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral OR rectal suppository Maximum of 4 grams of acetaminophen pe sources) [] acetaminophen (TYLENOL) tablet	-3): For bonse) Ds/APAP simultaneously. suspension "Or" Linked Panel r day from all sources. (Cirrhosis patients maximum: 2 grams per day from a 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient able to swallow tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot tolerate oral tablet. 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot tolerate oral tablet.
RN Pain Medications PRN Medications for Mild Pain (Pain Score 1-Patients LESS than 65 years old (Single Resp Do not order both scheduled and PRN NSAID () acetaminophen (TYLENOL) tablet OR oral OR rectal suppository Maximum of 4 grams of acetaminophen pe sources) [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) tablet	-3): For bonse) Ds/APAP simultaneously. suspension "Or" Linked Panel r day from all sources. (Cirrhosis patients maximum: 2 grams per day from a 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient able to swallow tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot tolerate oral tablet. 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot tolerate oral tablet.

[] 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): Patients GREATER than or EQUAL to 65 years of (Single Response)	For old
Do not order both scheduled and PRN NSAIDs/A	APAP simultaneously.
() acetaminophen (TYLENOL) tablet OR oral sus	spension "Or" Linked Panel
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), 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 susp	•
[] 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	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
suspension	Use if patient cannot swallow tablet.
() acetaminophen-codeine (TYLENOL #3) tablet	
[] acetaminophen-codeine (TYLENOL WITH	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
CODEINE #3) 300-30 mg per tablet	Give if patient is able to tolerate oral medication.
5,000	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, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
/12.5 mL solution	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 S	
6): For Patients LESS than 65 years old (Single	
Response)	
() acetaminophen-codeine (TYLENOL #3) tablet	OR elixir "Or" Linked Panel
[] acetaminophen-codeine (TYLENOL WITH	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
CODEINE #3) 300-30 mg per tablet	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, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
/12.5 mL solution	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 (NORC OR elixir	
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
sources)	ay nom an sources. (Cirriosis patients maximum, 2 grants per uay nom all
 [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
() oxyCODONE (ROXICODONE) immediate	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
release tablet	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 S 6): For Patients GREATER than or EQUAL to 65 	
old (Single Response)	
() acetaminophen-codeine (TYLENOL #3) tablet	
[] acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients
[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: 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 (NORC OR elixir	
Maximum of 4 grams of acetaminophen per da sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
 [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
() oxyCODONE (ROXICODONE) immediate release tablet	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 Sco For Patients LESS than 65 years old if unable to Oral Pain Medication. (Single Response) Due to risk of toxicity, the use of morphine produ- recommended. An alternative opioid should be u 	tolerate cts in patients with renal dysfunction, particularly in ESRD, is not
() 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 WARNING: Use is contraindicated for treatme (CABG) surgery. 	30 mL/min. nt of perioperative pain OR in the setting of coronary artery bypass graft
 For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection 	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications
] PRN IV Medications for Moderate Pain (Pain Sco For Patients GREATER than or EQUAL to 65 year unable to tolerate Oral Pain Medication. (Single Response)	ars old if
	cts in patients with renal dysfunction, particularly in ESRD, is not tilized. (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 Sco 10): For Patients LESS than 65 years old (Single	vre 7-
Response) Due to risk of toxicity, the use of morphine produc	cts in patients with renal dysfunction, particularly in ESRD, is not
recommended. An alternative opioid should be ut	
() HYDROcodone-acetaminophen 10/325 (NOR) OR elixir	CO) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per da sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
 [] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet 	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
() morPHINE immediate-release tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet
() oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet
PRN Oral Medications for Severe Pain (Pain Sco 10): For Patients GREATER than or EQUAL to 6 old (Single Response)	
Due to risk of toxicity, the use of morphine produc	cts in patients with renal dysfunction, particularly in ESRD, is not
recommended. An alternative opioid should be ut	tilized.
() 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
 release tablet () morPHINE immediate-release tablet 	Oral tablets may be crushed. Give if patient able to swallow 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.
 release tablet () morPHINE immediate-release tablet () HYDROcodone-acetaminophen 7.5/325 (NOR OR elixir 	Oral tablets may be crushed. Give if patient able to swallow 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. CO) tablet "Or" Linked Panel
release tablet () morPHINE immediate-release tablet () HYDROcodone-acetaminophen 7.5/325 (NOR OR elixir	Oral tablets may be crushed. Give if patient able to swallow 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.
 release tablet () morPHINE immediate-release tablet () HYDROcodone-acetaminophen 7.5/325 (NOR OR elixir Maximum of 4 grams of acetaminophen per da sources) [] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet 	Oral tablets may be crushed. Give if patient able to swallow 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. CO) tablet "Or" Linked Panel ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet.
 release tablet () morPHINE immediate-release tablet () HYDROcodone-acetaminophen 7.5/325 (NOR OR elixir Maximum of 4 grams of acetaminophen per da sources) [] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet [] HYDROcodone-acetaminophen (HYCET) 	Oral tablets may be crushed. Give if patient able to swallow 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. CO) tablet "Or" Linked Panel ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. 10 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op
 release tablet () morPHINE immediate-release tablet () HYDROcodone-acetaminophen 7.5/325 (NOR OR elixir Maximum of 4 grams of acetaminophen per da sources) [] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet 	Oral tablets may be crushed. Give if patient able to swallow 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. CO) tablet "Or" Linked Panel ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. 10 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
 release tablet () morPHINE immediate-release tablet () HYDROcodone-acetaminophen 7.5/325 (NOR OR elixir Maximum of 4 grams of acetaminophen per da sources) [] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet [] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution () HYDROcodone-acetaminophen 10/325 (NOR OR elixir 	Oral tablets may be crushed. Give if patient able to swallow 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. CO) tablet "Or" Linked Panel ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. 10 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
 release tablet morPHINE immediate-release tablet () HYDROcodone-acetaminophen 7.5/325 (NOR OR elixir Maximum of 4 grams of acetaminophen per da sources) [] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet [] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution () HYDROcodone-acetaminophen 10/325 (NORCO) OR elixir Maximum of 4 grams of acetaminophen per da 	Oral tablets may be crushed. Give if patient able to swallow 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. CO) tablet "Or" Linked Panel ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. 10 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet. CO) tablet "Or" Linked Panel
 release tablet morPHINE immediate-release tablet () HYDROcodone-acetaminophen 7.5/325 (NOR OR elixir Maximum of 4 grams of acetaminophen per da sources) [] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet [] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution () HYDROcodone-acetaminophen 10/325 (NOR OR elixir Maximum of 4 grams of acetaminophen per da sources) [] HYDROcodone-acetaminophen 10/325 (NOR OR elixir Maximum of 4 grams of acetaminophen per da sources) [] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet [] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet [] HYDROcodone-acetaminophen (HYCET) 	Oral tablets may be crushed. Give if patient able to swallow 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. CO) tablet "Or" Linked Panel ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. 10 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet. CO) tablet "Or" Linked Panel ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet. CO) tablet "Or" Linked Panel ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. 20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. 20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op
 release tablet () morPHINE immediate-release tablet () HYDROcodone-acetaminophen 7.5/325 (NOR OR elixir Maximum of 4 grams of acetaminophen per da sources) [] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet [] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution () HYDROcodone-acetaminophen 10/325 (NOR OR elixir Maximum of 4 grams of acetaminophen per da sources) [] HYDROcodone-acetaminophen 10/325 (NOR OR elixir Maximum of 4 grams of acetaminophen per da sources) [] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet 	Oral tablets may be crushed. Give if patient able to swallow 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. CO) tablet "Or" Linked Panel ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. 10 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet. CO) tablet "Or" Linked Panel ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet. CO) tablet "Or" Linked Panel ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. 20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow 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
 release tablet () morPHINE immediate-release tablet () HYDROcodone-acetaminophen 7.5/325 (NOR OR elixir Maximum of 4 grams of acetaminophen per da sources) [] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet [] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution () HYDROcodone-acetaminophen 10/325 (NORCO) OR elixir Maximum of 4 grams of acetaminophen per da sources) [] HYDROcodone-acetaminophen 10/325 (NORCO) 0R elixir [] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet [] HYDROcodone-acetaminophen (NORCO) 2.5-108.3 mg/5 mL solution 	Oral tablets may be crushed. Give if patient able to swallow 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. CO) tablet "Or" Linked Panel ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. 10 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet. CO) tablet "Or" Linked Panel ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet. CO) tablet "Or" Linked Panel 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. 20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. 20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow 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. 7-10):

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 For Patients GREATER than or EQUAL to 65 ye unable to tolerate Oral Pain Medication. (Single Response)	
Due to risk of toxicity, the use of morphine produ recommended. An alternative opioid should be u	cts in patients with renal dysfunction, particularly in ESRD, is not tilized.
() fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60
() morPHINE injection	 minutes after giving oral pain medications. 2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), 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 Re	quired) "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 Rect	al "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 Re	
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if natient is able to tolerate oral medication

	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 Red	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IVPB or Oral or Re	
[X] promethazine (PHENERGAN) 25 mg in	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea,
sodium chloride 0.9 % 50 mL IVPB	vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate
	oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
	tolerate oral medication.
Insomnia: For Patients LESS than 70 years old (S	ingle 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 (Sing	gle 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 LES 80 mL/min, reduce frequency to once daily as ne 	
GI Medications (Single Response)	
	"Or" Linked Panel
() famotidine (PEPCID) Oral or IV	
[] 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:
. 1	

[] 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 VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
 Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strat 	
(Single Response) (Selection Required)	
 Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis 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	
() Contraindications exist for mechanical prophylaxis	Routine, Normal
 Place/Maintain sequential compression device continuous 	Routine, Hospital Performed
 Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis 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	
() Contraindications exist for mechanical prophylaxis	Routine, Normal
 Place/Maintain sequential compression device continuous 	Routine, Hospital Performed
() High Risk - Patient currently has an active ord	
therapeutic anticoagulant or VTE prophylaxis Required)	Selection
[] 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	e Response)
() Contraindications exist for mechanical	Routine, Normal
prophylaxis	

() Place/Maintain sequential compression Routine, Hospital Performed device continuous	
 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 Routine, Normal	_
therapeutic anticoagulant or VTE prophylaxis	
[] Place sequential compression device (Single Response)	_
() Contraindications exist for mechanical Routine, Normal prophylaxis	
() Place/Maintain sequential compression Routine, Hospital Performed device continuous	
() 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 Routine, Normal prophylaxis	
[] Place/Maintain sequential compression Routine, Hospital Performed device continuous	
() Contraindications exist for pharmacologic prophylaxis "And" Linked Panel AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic Routine, Normal prophylaxis	_
[] Contraindications exist for mechanical Routine, Normal prophylaxis	_
() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	

Patient renal status: @CRCL@	
doses by weight:	UAL to 30mL/min, enoxaparin orders will apply the following recommended
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hour	rs
GREATER THAN or EQUAL to 140kg enoxage	parin 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCI GREATER than or EQUAL TO 30 I	
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 CrCI LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU 8
for patients with high risk of bleeding, e.g.	Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients 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) (Se Required)	election
() Contraindications exist for mechanical prophylaxis	Routine, Normal
 Place/Maintain sequential compression device continuous 	Routine, Hospital Performed
MODERATE Risk of DVT - Non-Surgical (Selection Required)	on
Moderate Risk Definition	
	lechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory	Irs
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
Major Surgery Waller o montris of duffission	
1 Moderate Risk (Selection Required)	

 [] Moderate risk of VTE 	Routine, Normal
[] Moderate Risk Pharmacological Prophylaxis - N	lon-
Surgical Patient (Single Response) (Selection F	
() Contraindications exist for pharmacologic prop Order Sequential compression device	hylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Normal
[] Place/Maintain sequential compression device continuous	Routine, Hospital Performed
 Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	hylaxis "And" Linked Panel
 [] Contraindications exist for pharmacologic prophylaxis 	Routine, Normal
 Contraindications exist for mechanical prophylaxis 	Routine, Normal
 enoxaparin (LOVENOX) injection (Single Resp (Selection Required) 	oonse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU 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 enoxapa	
() 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 m enoxaparin (LOVENOX) subcutaneous 	nL/min -
[] 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	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
 heparin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed
[] Mechanical Prophylaxis (Single Response) (Sel 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 F	Risk Definition	
	harmacologic AND mechanical prophylaxis m	nust be addressed.
One o	r more of the following medical conditions:	
Throm	nbophilia (Factor V Leiden, prothrombin varian	t mutations, anticardiolipin antibody syndrome; antithrombin, protein C
	tein S deficiency; hyperhomocysteinemia; mye	eloproliferative disorders)
Severe	e fracture of hip, pelvis or leg	
Acute	e spinal cord injury with paresis	
	le major traumas	
Abdon	ninal or pelvic surgery for CANCER	
	ischemic stroke	
History	y of PE	
-	h Risk (Selection Required)	
	gh risk of VTE	Routine, Normal
	h Risk Pharmacological Prophylaxis - Surgica	l Patient
	ngle Response) (Selection Required)	
· · ·	ontraindications exist for pharmacologic ophylaxis	Routine, Normal
	ioxaparin (LOVENOX) injection (Single Respo election Required)	onse)
	atient renal status: @CRCL@	
	6 6	
Fo	or patients with CrCl GREATER than or EQUA	L to 30mL/min, enoxaparin orders will apply the following recommended
	oses by weight:	
We	eight Dose	
	SS THAN 100kg enoxaparin 40mg daily	
	00 to 139kg enoxaparin 30mg every 12 hours	
GF	REATER THAN or EQUAL to 140kg enoxapa	rin 40mg every 12 hours
	For CrCI LESS than 30mL/min - enoxaparin (L	OVENOX)
	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	aubautanaaua
[]	enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() for	ndeperinum (ADIVTDA) injection	
() for	ndaparinux (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
() ho	unarin (naraina) injection	Thrombocytopenia (HIT):
1 A A	parin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	eparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	r patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	eight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
	eparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
	th weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() wa	arfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
	narmacy consult to manage warfarin OUMADIN)	STAT, Hospital Performed
	chanical Prophylaxis (Single Response) (Sele	ction
	quired)	
	ontraindications exist for mechanical	Routine, Normal
pro	ophylaxis	
	ace/Maintain sequential compression	Routine, Hospital Performed

() HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	yeloproliferative disorders)
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[] Llink Diale (Calastian Derwined)	
[] High Risk (Selection Required)	Dautina Namual
[] High risk of VTE	Routine, Normal
[] High Risk Pharmacological Prophylaxis - Non-S	
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic	Routine, Normal
prophylaxis	
() enoxaparin (LOVENOX) injection (Single Res	ponse)
(Selection Required)	
Patient renal status: @CRCL@	
	JAL 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 hour	
GREATER THAN or EQUAL to 140kg enoxap	ann 40mg every 12 hours
() For CrCLLESS than 30ml /min - enovaparin	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
subcutaneous Daily at 1700	· · ·
	30 mg, subcutaneous, daily at 1700
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r	30 mg, subcutaneous, daily at 1700 Indication(s):
 subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous 	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min -
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous
 subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection 	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s):
 subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous 	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op
 subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection 	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-
 subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection 	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 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.
 subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection 	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 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
 subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection 	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin- Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.
 subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection 	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin- Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
 subcutaneous Daily at 1700 enoxaparin (LOVENOX) injection For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection 	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 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):
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection () heparin (porcine) injection	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin- Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 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.
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin- Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 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. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 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. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op S,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. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, PACU & Post-op
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () warfarin (COUMADIN) tablet	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin- Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, PACU & Post-op Indication:
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op S,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. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, PACU & Post-op
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN)	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin- Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, PACU & Post-op Indication: STAT, Hospital Performed
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) [] Mechanical Prophylaxis (Single Response) (Se	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin- Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, PACU & Post-op Indication: STAT, Hospital Performed
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) [] Mechanical Prophylaxis (Single Response) (Se Required)	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin- Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, PACU & Post-op Indication: STAT, Hospital Performed
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) [] Mechanical Prophylaxis (Single Response) (Se	30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin- Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, PACU & Post-op Indication: STAT, Hospital Performed

	() Place/Maintain sequential compression F device continuous	Routine, Hospital Performed
()	HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	
	High Risk Definition Both pharmacologic AND mechanical prophylaxis mu One or more of the following medical conditions:	mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Ī	[] High Risk (Selection Required)	
_	[] High risk of VTE F	Routine, Normal
[[] High Risk Pharmacological Prophylaxis - Hip or Kn (Arthroplasty) Surgical Patient (Single Response) (Selection Required) 	lee
	 Contraindications exist for pharmacologic prophylaxis 	Routine, Normal
	() aspirin chewable tablet 1	62 mg, oral, daily, Starting S+1, PACU & Post-op
	() aspirin (ECOTRIN) enteric coated tablet 1	62 mg, oral, daily, Starting S+1, PACU & Post-op
	() Apixaban and Pharmacy Consult (Selection Requ	uired)
		2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
	(ELIQUIS) therapy	STAT, Hospital Performed
	() enoxaparin (LOVENOX) injection (Single Respon (Selection Required)	se)
	Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQUAL 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 enoxaparir	to 30mL/min, enoxaparin orders will apply the following recommended
	() For CrCl LESS than 30mL/min - enoxaparin (LO subcutaneous Daily at 1700	VENOX)
	[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
	() For CrCl GREATER than or EQUAL TO 30 mL/r enoxaparin (LOVENOX) subcutaneous	nin -
	[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
	н н С р т т	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op f the patient does not have a history or suspected case of Heparin- nduced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
		i,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op

 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
with weight GREATER than 100 kg	Post-op For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection	
Required)	
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op
knee arthroplasty planned during this admission	Indications: VTE prophylaxis
 Pharmacy consult to monitor rivaroxaban (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) (Sele Required)	ection
 Contraindications exist for mechanical prophylaxis 	Routine, Normal
 Place/Maintain sequential compression device continuous 	Routine, Hospital Performed
/T Risk and Prophylaxis Tool (Single Response)	
VTE/DVT Risk Definitions	URL:
	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
Anticoagulation Guide for COVID patients	DEFINITIONS.pdf" URL:
Anticoagulation Guide for COVID patients	"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
Patient currently has an active order for therapeutic	2
anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)	cation
() Moderate Risk - Patient currently has an active of	order for
therapeutic anticoagulant or VTE prophylaxis (S 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 R	(esponse)
() Contraindications exist for mechanical prophylaxis	Routine, Normal
() Place/Maintain sequential compression device continuous	Routine, Hospital Performed
() Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (S	
Required) [] Moderate risk of VTE	Routine, Normal
[] Patient currently has an active order for	Routine, Normal
therapeutic anticoagulant or VTE prophylaxis	
[] Place sequential compression device (Single R	lesponse)
() Contraindications exist for mechanical prophylaxis	Routine, Normal
() Place/Maintain sequential compression device continuous	Routine, Hospital Performed
() High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (S Required)	
Required) tod on $6/5/2022$ of 0.26 AM from SUD	Dage 26 of

[] High risk of VTE	Routine, Normal
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Normal
[] Place sequential compression device (Singl	e Response)
() Contraindications exist for mechanical prophylaxis	Routine, Normal
() Place/Maintain sequential compression device continuous	Routine, Hospital Performed
() High Risk - Patient currently has an active or	der for
therapeutic anticoagulant or VTE prophylaxis Required)	s (Selection
[] High risk of VTE	Routine, Normal
[] Patient currently has an active order for	Routine, Normal
therapeutic anticoagulant or VTE prophylaxis	
[] Place sequential compression device (Singl	
() 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 t	factors
[] Low Risk (Single Response) (Selection Requ	lired)
() Low risk of VTE	Routine, Normal
() MODERATE Risk of DVT - Surgical (Selection I	Required)
Moderate Risk Definition	Machanical prophylovia is antional uplace pharmanalaxis is
contraindicated.	Mechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions	
	nmation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	se, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 ho	Durs
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
Major surgery within 5 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Normal
[] Moderate Risk Pharmacological Prophylaxis Patient (Single Response) (Selection Require	ed)
() Contraindications exist for pharmacologic parameters BUT order Sequential compression device	rophylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Normal
[] Place/Maintain sequential compression device continuous	Routine, Hospital Performed
 Contraindications exist for pharmacologic pha	rophylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Normal
[] Contraindications exist for mechanical	Routine, Normal

Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin	
subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 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 CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
) heparin (porcine) injection - For Patients 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) (Se Required)	election
) Contraindications exist for mechanical prophylaxis	Routine, Normal
) Place/Maintain sequential compression device continuous	Routine, Hospital Performed

(

Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. Me	chanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	eg 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 of VTE 	Routine, Normal
[] Moderate Risk Pharmacological Prophylaxis - I	
[] Moderate Risk Pharmacological Prophylaxis - I Surgical Patient (Single Response) (Selection	
() Contraindications exist for pharmacologic pro	
Order Sequential compression device	
 Contraindications exist for pharmacologic prophylaxis 	Routine, Normal
[] Place/Maintain sequential compression device continuous	Routine, Hospital Performed
() Contraindications exist for pharmacologic pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Normal
[] Contraindications exist for mechanical prophylaxis	Routine, Normal
 enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	ponse)
Patient renal status: @CRCL@	
LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r	(LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):
 subcutaneous Daily at 1700 enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous 	(LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r	(LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):
 subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous 	(LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced
 subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection 	(LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 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):
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection	(LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced

() 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) (Se Required)	lection
() 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 One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Normal
[] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	cal Patient
() Contraindications exist for pharmacologic prophylaxis	Routine, Normal
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQL 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 enoxap	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous	nL/min -
[] 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 CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
() heparin (porcine) injection	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	$3,000$ Offics, subcularizous, every o fidure, 3 ± 1 at 0.00 AIVI

() heparin (porcine) injection (Recommended	
	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
 heparin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Hospital Performed
(COUMADIN)	
[] Mechanical Prophylaxis (Single Response) (S	election
Required)	Dautina Namal
 Contraindications exist for mechanical prophylaxis 	Routine, Normal
() Place/Maintain sequential compression	Routine, Hospital Performed
device continuous	
HIGH Risk of DVT - Non-Surgical (Selection Rec	quired)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxi	
One or more of the following medical conditions:	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; i	
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	d) Routine, Normal
() Contraindications exist for pharmacologic prophylaxis	Routine, Normal
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res 	Routine, Normal
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	Routine, Normal
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) Patient renal status: @CRCL@ 	Routine, Normal sponse)
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ 	Routine, Normal sponse)
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: 	Routine, Normal sponse)
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose 	Routine, Normal sponse)
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Reservation (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hout 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended ars aparin 40mg every 12 hours
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxaparin () For CrCl LESS than 30mL/min - enoxaparin 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended ars aparin 40mg every 12 hours
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Reserved) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxation () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended ars aparin 40mg every 12 hours
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparin 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended ars aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Reserved) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxation () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended ars aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Reservence) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxation () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended ars aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Reservence) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxation () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended ars aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) injection 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours in (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s):
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Reservence) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Resident (Selection Required)) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection [] enoxaparin (LOVENOX) injection 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs uparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 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.
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) injection 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs uparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 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
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Resident (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) injection 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs uparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 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.

() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	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) (Se Required)	election
() 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)	n
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
 High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip or 	Routine, Normal
(Arthroplasty) Surgical Patient (Single Respons (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 R	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 Res (Selection Required)	ponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700

(

[] 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients 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 (Selectic Required)	n
 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) (Se Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Normal
() Place/Maintain sequential compression device continuous	Routine, Hospital Performed
bs Today	
matology/Coagulation	
Hemoglobin and hematocrit	Routine, Unit Collect
CBC with platelet and differential Prothrombin time with INR	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	
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Printed on 6/5/2023 at 9:36 AM from SUP

[] 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