

## Enhanced Recovery After Surgery (ERAS) Orders

## ERAS Postop Diet/Nutrition and Multimodal Pain Medications

 ERAS Diet and Nutrition (Single Response)

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

 ERAS Diet and Nutrition for Acute patients

<input type="checkbox"/> Diet - Soft easy to digest	Routine, Hospital Performed
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<input type="checkbox"/> Chew Gum	Routine, Hospital Performed
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 ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

<input type="checkbox"/> Nursing communication	Routine, Hospital Performed
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<input type="checkbox"/> Diet - Full Liquids	Routine, Hospital Performed
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 ERAS Diet and Nutrition (Single Response)

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

 ERAS Diet and Nutrition for Acute patients

<input type="checkbox"/> IMPACT Advanced Recovery	Routine, Hospital Performed
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<input type="checkbox"/> Encourage sips of IMPACT as tolerated	Routine, Hospital Performed
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<input type="checkbox"/> Diet - Soft easy to digest	Routine, Hospital Performed
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<input type="checkbox"/> Consult to Nutrition Services	Routine, Hospital Performed
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<input type="checkbox"/> Chew Gum	Routine, Hospital Performed
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 ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

<input type="checkbox"/> IMPACT Advanced Recovery	Routine, Hospital Performed
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<input type="checkbox"/> Encourage sips of IMPACT as tolerated	Routine, Hospital Performed
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<input type="checkbox"/> Nursing communication	Routine, Hospital Performed
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<input type="checkbox"/> Diet - Full Liquids	Routine, Hospital Performed
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<input type="checkbox"/> Consult to Nutrition Services	Routine, Hospital Performed
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 ERAS Multimodal Pain Medications

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

 acetaminophen (TYLENOL) (Single Response)

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

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

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

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, For 3 Doses
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<input type="checkbox"/> acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.
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<input type="checkbox"/> acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.
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 Acetaminophen oral, per tube or rectal - for patients with cirrhosis or severe hepatic dysfunction**"Or" Linked Panel**

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

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, For 3 Doses
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<input type="checkbox"/>	acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.
<input type="checkbox"/>	acetaminophen (TYLENOL) suppository	650 mg, rectal, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.
<b>( ) acetaminophen IV followed by oral</b>		
<input type="checkbox"/>	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?
<b>[ ] acetaminophen (TYLENOL) (Single Response)</b>		
<input type="checkbox"/>	Acetaminophen oral, per tube or rectal 1000 mg	<b>"Or" Linked Panel</b> Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses
<input type="checkbox"/>	acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
<input type="checkbox"/>	acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
<b>( ) Acetaminophen oral, per tube or rectal 650 mg - for patients with cirrhosis or severe hepatic dysfunction</b>		
<b>"Or" Linked Panel</b> Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)		
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses
<input type="checkbox"/>	acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
<input type="checkbox"/>	acetaminophen (TYLENOL) suppository	650 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
<b>( ) acetaminophen (OFIRMEV) IV (RESTRICTED) - for patients that cannot tolerate oral/enteral/rectal</b>		
		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?
<b>[ ] Nonsteroidal Anti-inflammatory Drug (NSAID) (Single Response)</b>		
Select Ketorolac(TORADOL) IV and one oral NSAID to follow IV dose OR select one oral NSAID unless contraindicated; Do not give to patients with Stage IV - V CKD or AKI; increases risk of GI bleeding		
<b>( ) Ketorolac (TORADOL) IV X 24 hours followed by oral NSAID</b>		
<b>[ ] ketorolac (TORADOL) IV (Single Response)</b>		
<input type="checkbox"/>	ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours Then switch to oral NSAID
<input type="checkbox"/>	ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours Then switch to oral NSAID
<input type="checkbox"/>	ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours Then switch to oral NSAID
<input type="checkbox"/>	ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours Then switch to oral NSAID.
<b>[ ] Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)</b>		
<input type="checkbox"/>	celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+24 Hours Do not administer to patients with CrCl<30
<input type="checkbox"/>	celecoxib (CeleBREX) 400 mg	400 mg, oral, 2 times daily, Starting H+24 Hours Do not administer to patients with CrCl<30
<input type="checkbox"/>	ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+24 Hours

<input type="checkbox"/>	ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+24 Hours
<input type="checkbox"/>	ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+24 Hours
<input type="checkbox"/>	naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+24 Hours
<input type="checkbox"/>	Ketorolac (TORADOL) IV X 48 hours followed by oral NSAID	
<input type="checkbox"/>	ketorolac (TORADOL) IV (Single Response)	
<input type="checkbox"/>	ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours Then switch to oral NSAID
<input type="checkbox"/>	ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours Then switch to oral NSAID
<input type="checkbox"/>	ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours Then switch to oral NSAID
<input type="checkbox"/>	ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours Then switch to oral NSAID.
<input type="checkbox"/>	Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)	
<input type="checkbox"/>	celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+48 Hours Do not administer to patients with CrCl<30
<input type="checkbox"/>	celecoxib (CeleBREX) 400 mg	400 mg, oral, 2 times daily, Starting H+48 Hours Do not administer to patients with CrCl<30
<input type="checkbox"/>	ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+48 Hours
<input type="checkbox"/>	ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+48 Hours
<input type="checkbox"/>	ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+48 Hours
<input type="checkbox"/>	naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+48 Hours
<input type="checkbox"/>	Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)	
<input type="checkbox"/>	celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily Do not administer to patients with CrCl<30
<input type="checkbox"/>	celecoxib (CeleBREX) 400 mg	400 mg, oral, 2 times daily Do not administer to patients with CrCl<30
<input type="checkbox"/>	ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled
<input type="checkbox"/>	ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled
<input type="checkbox"/>	ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled
<input type="checkbox"/>	naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily
<input type="checkbox"/>	Gabapentinoids (Single Response)	
	Consider pregabalin (LYRICA) only if unable to tolerate gabapentin (NEURONTIN) Contact physician if somnolence or drowsiness persists; Need renal dose adjustment; Do not administer if CrCl < 15 mL/min; Give with caution to patients 65 years of age and older	
<input type="checkbox"/>	pregabalin (LYRICA) (Single Response)	
<input type="checkbox"/>	For patients GREATER than 65 years old (Single Response)	
<input type="checkbox"/>	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
<input type="checkbox"/>	pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min)	25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/>	pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min)	25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/>	For patients LESS than 65 years old (Single Response)	
<input type="checkbox"/>	pregabalin (LYRICA) capsule 50 mg (CrCl greater than or equal to 60 mL/min)	50 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/>	pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min)	50 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

<input type="checkbox"/> pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)	50 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> gabapentin (NEURONTIN) (Single Response)	
<input type="checkbox"/> For patients GREATER than 65 years old (Single Response)	
<input type="checkbox"/> gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)	100 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min)	100 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> gabapentin (NEURONTIN) capsule 100 mg (CrCl 15-29 mL/min)	100 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> For patients LESS than 65 years old (Single Response)	
<input type="checkbox"/> gabapentin (NEURONTIN) capsule 300 mg (CrCl greater than or equal to 60 mL/min)	300 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> gabapentin (NEURONTIN) capsule 300 mg (CrCl 30-59 mL/min)	300 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> gabapentin (NEURONTIN) capsule 300 mg (CrCl 15-29 mL/min)	300 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> Muscle Relaxant (Single Response)	
<input type="checkbox"/> Patients GREATER THAN or EQUAL to 65 years old	
<input type="checkbox"/> methocarbamol (ROBAXIN) IV followed by oral	
<input type="checkbox"/> methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses
<input type="checkbox"/> methocarbamol (ROBAXIN) tablet	250 mg, oral, every 8 hours scheduled, Starting H+24 Hours
<input type="checkbox"/> cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 12 hours scheduled
<input type="checkbox"/> Patients LESS THAN 65 years old	
<input type="checkbox"/> methocarbamol (ROBAXIN) IV followed by oral (For patients GREATER than or EQUAL to 65 years old)	
<input type="checkbox"/> methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses
<input type="checkbox"/> methocarbamol (ROBAXIN) tablet	750 mg, oral, every 8 hours scheduled, Starting H+24 Hours
<input type="checkbox"/> cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, 3 times daily
<input type="checkbox"/> lidocaine (LIDODERM) patch	
<input type="checkbox"/> lidocaine (LIDODERM) 5 %	1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine).
<input type="checkbox"/> Opioids	
Only for moderate to severe breakthrough pain	
<input type="checkbox"/> For moderate breakthrough pain (pain score 4-6)	
<input type="checkbox"/> oxyCODone (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6)
<input type="checkbox"/> traMADoL (ULTRAM) (Single Response)	
<input type="checkbox"/> traMADoL (ULTRAM) tablet - patients with cirrhosis	50 mg, oral, every 12 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/> traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/> For severe breakthrough pain (pain score 7-10)	
<input type="checkbox"/> oxyCODone (ROXICODONE) IR - patients LESS than 65 years old	10 mg, oral, every 6 hours PRN, severe pain (score 7-10)
<input type="checkbox"/> oxyCODONE (ROXICODONE) IR - patients 65 years old and greater	5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
<input type="checkbox"/> traMADoL (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, severe pain (score 7-10)
<input type="checkbox"/> hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) IF unable to tolerate oral intake

## ERAS Postop Diet/Nutrition and Multimodal Pain Medications

### ERAS Diet and Nutrition (Single Response)

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

#### ERAS Diet and Nutrition for Acute patients

<input type="checkbox"/> IMPACT Advanced Recovery	Routine, Hospital Performed
<input type="checkbox"/> Encourage sips of IMPACT as tolerated	Routine, Hospital Performed
<input type="checkbox"/> Diet - Soft easy to digest	Routine, Hospital Performed
<input type="checkbox"/> Consult to Nutrition Services	Routine, Hospital Performed
<input type="checkbox"/> Chew Gum	Routine, Hospital Performed

#### ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

<input type="checkbox"/> IMPACT Advanced Recovery	Routine, Hospital Performed
<input type="checkbox"/> Encourage sips of IMPACT as tolerated	Routine, Hospital Performed
<input type="checkbox"/> Nursing communication	Routine, Hospital Performed
<input type="checkbox"/> Diet - Full Liquids	Routine, Hospital Performed
<input type="checkbox"/> Consult to Nutrition Services	Routine, Hospital Performed

### ERAS Diet and Nutrition (Single Response)

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

#### ERAS Diet and Nutrition for Acute patients

<input type="checkbox"/> Diet - Soft easy to digest	Routine, Hospital Performed
<input type="checkbox"/> Chew Gum	Routine, Hospital Performed

#### ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

<input type="checkbox"/> Nursing communication	Routine, Hospital Performed
<input type="checkbox"/> Diet - Full Liquids	Routine, Hospital Performed

### ERAS Multimodal Pain Medications

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

#### acetaminophen (TYLENOL) (Single Response)

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

##### Acetaminophen oral, per tube or rectal

##### **"Or" Linked Panel**

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

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, For 3 Doses
<input type="checkbox"/> acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.
<input type="checkbox"/> acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.

##### Acetaminophen oral, per tube or rectal - for patients with cirrhosis or severe hepatic dysfunction

##### **"Or" Linked Panel**

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

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, For 3 Doses
<input type="checkbox"/> acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.
<input type="checkbox"/> acetaminophen (TYLENOL) suppository	650 mg, rectal, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.

<input type="checkbox"/> acetaminophen IV followed by oral	
<input type="checkbox"/> 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?
<input type="checkbox"/> acetaminophen (TYLENOL) (Single Response)	
<input type="checkbox"/> Acetaminophen oral, per tube or rectal 1000 mg	<b>"Or" Linked Panel</b> Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses
<input type="checkbox"/> acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
<input type="checkbox"/> acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
<input type="checkbox"/> Acetaminophen oral, per tube or rectal 650 mg - for patients with cirrhosis or severe hepatic dysfunction	<b>"Or" Linked Panel</b> Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses
<input type="checkbox"/> acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
<input type="checkbox"/> acetaminophen (TYLENOL) suppository	650 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
<input type="checkbox"/> 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?
<input type="checkbox"/> Nonsteroidal Anti-inflammatory Drug (NSAID) (Single Response)	
Select Ketorolac(TORADOL) IV and one oral NSAID to follow IV dose OR select one oral NSAID unless contraindicated; Do not give to patients with Stage IV - V CKD or AKI; increases risk of GI bleeding	
<input type="checkbox"/> Ketorolac (TORADOL) IV X 24 hours followed by oral NSAID	
<input type="checkbox"/> ketorolac (TORADOL) IV (Single Response)	
<input type="checkbox"/> ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours Then switch to oral NSAID
<input type="checkbox"/> ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours Then switch to oral NSAID
<input type="checkbox"/> ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours Then switch to oral NSAID
<input type="checkbox"/> ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours Then switch to oral NSAID.
<input type="checkbox"/> Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)	
<input type="checkbox"/> celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+24 Hours Do not administer to patients with CrCl<30
<input type="checkbox"/> celecoxib (CeleBREX) 400 mg	400 mg, oral, 2 times daily, Starting H+24 Hours Do not administer to patients with CrCl<30
<input type="checkbox"/> ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+24 Hours
<input type="checkbox"/> ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+24 Hours
<input type="checkbox"/> ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+24 Hours
<input type="checkbox"/> naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+24 Hours

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

[ ] ketorolac (TORADOL) IV (Single Response)

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

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

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

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

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

[ ] Gabapentinoids (Single Response)

Consider pregabalin (LYRICA) only if unable to tolerate gabapentin (NEURONTIN)

Contact physician if somnolence or drowsiness persists; Need renal dose adjustment; Do not administer if CrCl < 15 mL/min; Give with caution to patients 65 years of age and older

( ) pregabalin (LYRICA) (Single Response)

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

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

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

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

( ) gabapentin (NEURONTIN) (Single Response)

<input type="checkbox"/> For patients GREATER than 65 years old (Single Response)	
<input type="checkbox"/> gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)	100 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min)	100 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> gabapentin (NEURONTIN) capsule 100 mg (CrCl 15-29 mL/min)	100 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> For patients LESS than 65 years old (Single Response)	
<input type="checkbox"/> gabapentin (NEURONTIN) capsule 300 mg (CrCl greater than or equal to 60 mL/min)	300 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> gabapentin (NEURONTIN) capsule 300 mg (CrCl 30-59 mL/min)	300 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> gabapentin (NEURONTIN) capsule 300 mg (CrCl 15-29 mL/min)	300 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> Muscle Relaxant (Single Response)	
<input type="checkbox"/> Patients GREATER THAN or EQUAL to 65 years old	
<input type="checkbox"/> methocarbamol (ROBAXIN) IV followed by oral	
<input type="checkbox"/> methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses
<input type="checkbox"/> methocarbamol (ROBAXIN) tablet	250 mg, oral, every 8 hours scheduled, Starting H+24 Hours
<input type="checkbox"/> cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 12 hours scheduled
<input type="checkbox"/> Patients LESS THAN 65 years old	
<input type="checkbox"/> methocarbamol (ROBAXIN) IV followed by oral (For patients GREATER than or EQUAL to 65 years old)	
<input type="checkbox"/> methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses
<input type="checkbox"/> methocarbamol (ROBAXIN) tablet	750 mg, oral, every 8 hours scheduled, Starting H+24 Hours
<input type="checkbox"/> cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, 3 times daily
<input type="checkbox"/> lidocaine (LIDODERM) patch	
<input type="checkbox"/> lidocaine (LIDODERM) 5 %	1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine).
<input type="checkbox"/> Opioids	
Only for moderate to severe breakthrough pain	
<input type="checkbox"/> For moderate breakthrough pain (pain score 4-6)	
<input type="checkbox"/> oxyCODone (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6)
<input type="checkbox"/> traMADoL (ULTRAM) (Single Response)	
<input type="checkbox"/> traMADoL (ULTRAM) tablet - patients with cirrhosis	50 mg, oral, every 12 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/> traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/> For severe breakthrough pain (pain score 7-10)	
<input type="checkbox"/> oxyCODone (ROXICODONE) IR - patients LESS than 65 years old	10 mg, oral, every 6 hours PRN, severe pain (score 7-10)
<input type="checkbox"/> oxyCODONE (ROXICODONE) IR - patients 65 years old and greater	5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
<input type="checkbox"/> traMADoL (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, severe pain (score 7-10)
<input type="checkbox"/> hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) IF unable to tolerate oral intake

## General

### Common Present on Admission Diagnosis



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

**Elective Outpatient, Observation, or Admission (Single Response)**

<input type="checkbox"/> Elective outpatient procedure: Discharge following routine recovery	Routine, Hospital Performed
<input type="checkbox"/> Outpatient observation services under general supervision	Routine, Hospital Performed
<input type="checkbox"/> Outpatient in a bed - extended recovery	Routine, Hospital Performed
<input type="checkbox"/> Admit to Inpatient	Routine, Hospital Performed

**Admission or Observation (Single Response)**

Patient has active outpatient status order on file

<input type="checkbox"/> Admit to Inpatient	Routine, Hospital Performed
<input type="checkbox"/> Outpatient observation services under general supervision	Routine, Hospital Performed
<input type="checkbox"/> Outpatient in a bed - extended recovery	Routine, Hospital Performed
<input type="checkbox"/> Transfer patient	Routine, Hospital Performed
<input type="checkbox"/> Return to previous bed	Routine, Hospital Performed

**Admission (Single Response)**

Patient has active status order on file

<input type="checkbox"/> Admit to inpatient	Routine, Hospital Performed
<input type="checkbox"/> Transfer patient	Routine, Hospital Performed
<input type="checkbox"/> Return to previous bed	Routine, Hospital Performed

**Transfer (Single Response)**

Patient has active inpatient status order on file

<input type="checkbox"/> Transfer patient	Routine, Hospital Performed
<input type="checkbox"/> Return to previous bed	Routine, Hospital Performed

### Code Status

@CERMSG(674511:.)@

### Code Status (Single Response)

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

<input type="checkbox"/> Full code	Routine, Hospital Performed
<input type="checkbox"/> DNR (Do Not Resuscitate) (Selection Required)	
<input type="checkbox"/> DNR (Do Not Resuscitate)	Routine, Hospital Performed
<input type="checkbox"/> Consult to Palliative Care Service	
<input type="checkbox"/> Consult to Palliative Care Service	Routine, Hospital Performed
<input type="checkbox"/> Consult to Social Work	Routine, Hospital Performed
<input type="checkbox"/> Modified Code	Routine, Hospital Performed
<input type="checkbox"/> Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))	Routine, Hospital Performed

### Isolation

<input type="checkbox"/> Airborne isolation status	
<input type="checkbox"/> Airborne isolation status	Routine, Hospital Performed
<input type="checkbox"/> Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Routine, Unit Collect
<input type="checkbox"/> Contact isolation status	Routine, Hospital Performed
<input type="checkbox"/> Droplet isolation status	Routine, Hospital Performed
<input type="checkbox"/> Enteric isolation status	Routine, Hospital Performed

### Precautions

<input type="checkbox"/> Aspiration precautions	Routine, Hospital Performed
<input type="checkbox"/> Fall precautions	Routine, Hospital Performed
<input type="checkbox"/> Latex precautions	Routine, Hospital Performed
<input type="checkbox"/> Seizure precautions	Routine, Hospital Performed

## Nursing

### Activity

<input type="checkbox"/> Turn patient	Routine, Hospital Performed
<input checked="" type="checkbox"/> Up in chair	Routine, Hospital Performed
<input checked="" type="checkbox"/> Ambulate with assistance	Routine, Hospital Performed

### Vital Signs

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Hospital Performed
<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Hospital Performed

### Nursing Care

<input type="checkbox"/> Height and weight	Routine, Hospital Performed
<input type="checkbox"/> Intake and output	Routine, Hospital Performed
<input type="checkbox"/> Remove Foley catheter	Routine, Hospital Performed
<input type="checkbox"/> Saline lock IV	Routine, Hospital Performed

### Drain/Incision Care

<input type="checkbox"/> Drain care	Routine, Hospital Performed
<input type="checkbox"/> Surgical/incision site care	Routine, Hospital Performed
<input type="checkbox"/> Provide equipment / supplies at bedside	Routine, Hospital Performed

## Notify

<input type="checkbox"/> Notify Physician for vitals:	Routine, Hospital Performed
<input type="checkbox"/> Notify Physician (Specify)	Routine, Hospital Performed

## Diet

<input checked="" type="checkbox"/> Diet- Clear liquids advance as tolerated to Regular	Routine, Hospital Performed
<input type="checkbox"/> Diet - Regular advance as tolerated	Routine, Hospital Performed
<input type="checkbox"/> NPO	Routine, Hospital Performed

## IV Fluids

### IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	intravenous, continuous, Post-op
<input type="checkbox"/> lactated ringer's infusion	intravenous, continuous, Post-op
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Post-op

## Medications

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

<input type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> metronidazole (FLAGYL) IV	500 mg, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis

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

<input type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> metronidazole (FLAGYL) IV	500 mg, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis

### PACU Medications

<input type="checkbox"/> labetalol (TRANDATE) injection	5 mg, intravenous, every 5 min PRN, high blood pressure, systolic blood pressure GREATER than 200 mm Hg or diastolic blood pressure GREATER than 105 mm Hg while in PACU, For 3 Doses, PACU
<input type="checkbox"/> promethazine (PHENERGAN) IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU While in PACU
<input type="checkbox"/> metoclopramide (REGLAN) injection	5 mg, intravenous, every 4 hours PRN, nausea, vomiting, PACU Slow IV Push While in PACU Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
<input type="checkbox"/> ondansetron (ZOFTRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, PACU While in PACU.

### Antiemetics - HHM, HMSJ, HMW, HMSTC Only

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 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.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

**Antiemetics - HMSTJ Only**

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 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.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IVPB or Oral or Rectal	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

**Antiemetics - HMSL, HMWB Only**

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 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.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

**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.

<input type="checkbox"/> acetaminophen (TYLENOL) 500 mg tablet or liquid	<b>"Or" Linked Panel</b>
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<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours scheduled, Post-op Use if patient can tolerate oral tablet.
<input type="checkbox"/>	acetaminophen (TYLENOL) liquid	500 mg, oral, every 6 hours scheduled, Post-op
( )	acetaminophen (TYLENOL) 650 mg tablet or liquid	<b>"Or" Linked Panel</b>
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours scheduled, Post-op Use if patient can tolerate oral tablet.
<input type="checkbox"/>	acetaminophen (TYLENOL) liquid	650 mg, oral, every 6 hours scheduled, Post-op
( )	NSAIDs: For Patients LESS than 65 years old (Single Response)	
( )	ibuprofen (ADVIL, MOTRIN) tablet or oral suspension	<b>"Or" Linked Panel</b>
<input type="checkbox"/>	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.
<input type="checkbox"/>	ibuprofen (MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours scheduled, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
( )	naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily, Post-op
( )	celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily, Post-op
( )	ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours scheduled, Post-op For patients LESS THAN 65 years old. Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.

( )	NSAIDs: For Patients GREATER than or EQUAL to 65 years old (Single Response)	
( )	ibuprofen (ADVIL, MOTRIN) tablet or oral suspension	<b>"Or" Linked Panel</b>
<input type="checkbox"/>	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.
<input type="checkbox"/>	ibuprofen (MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours scheduled, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet.
( )	naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily, Post-op
( )	celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily, Post-op
( )	ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours scheduled, Post-op

### PRN Pain Medications

<input type="checkbox"/>	PRN Medications for Mild Pain (Pain Score 1-3): For Patients LESS than 65 years old (Single Response)	
	Do not order both scheduled and PRN NSAIDs/APAP simultaneously.	
( )	acetaminophen (TYLENOL) tablet OR oral suspension OR rectal suppository	<b>"Or" Linked Panel</b>
	Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient able to swallow tablet.
<input type="checkbox"/>	acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot tolerate oral tablet.
<input type="checkbox"/>	acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot tolerate oral tablet OR oral solution.
( )	ibuprofen (ADVIL, MOTRIN) tablet or oral suspension	<b>"Or" Linked Panel</b>
<input type="checkbox"/>	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.
<input type="checkbox"/>	ibuprofen (MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet.
( )	naproxen (NAPROSYN) tablet	250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op
( )	celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily PRN, mild pain (score 1-3), Post-op
( )	ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient unable to swallow tablet.

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

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

- |  |  |
|--|--|
| <input type="checkbox"/> acetaminophen (TYLENOL) tablet OR oral suspension   | <b>"Or" Linked Panel</b>   |
| Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |  |
| <input type="checkbox"/> acetaminophen (TYLENOL) tablet  | 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op  |
| <input type="checkbox"/> acetaminophen (TYLENOL)suspension   | 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op<br>Use if patient cannot tolerate oral tablet.   |
| <input type="checkbox"/> ibuprofen (ADVIL, MOTRIN) tablet or oral suspension   | <b>"Or" Linked Panel</b>   |
| <input type="checkbox"/> ibuprofen (ADVIL, MOTRIN) tablet  | 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op<br>Give if patient is able to tolerate oral medication.  |
| <input type="checkbox"/> ibuprofen (MOTRIN) 100 mg/5 mL suspension   | 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op<br>Use if patient cannot swallow tablet.   |
| <input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) tablet OR elixir   | <b>"Or" Linked Panel</b>   |
| <input type="checkbox"/> acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet                                | 1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Post-op<br>Give if patient is able to tolerate oral medication.<br>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: |
| <input type="checkbox"/> acetaminophen-codeine 300 mg-30 mg /12.5 mL solution  | 12.5 mL, oral, every 6 hours PRN, mild pain (score 1-3), Post-op<br>Use if patient cannot swallow tablet.<br>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:                 |
| <input type="checkbox"/> ketorolac (TORADOL) injection   | 15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3), Post-op<br>Give if patient able to swallow tablet  |

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

- |  |  |
|--|--|
| <input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) tablet OR elixir   | <b>"Or" Linked Panel</b>   |
| <input type="checkbox"/> 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<br>Give if patient able to swallow tablet.<br>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:  |
| <input type="checkbox"/> acetaminophen-codeine 300 mg-30 mg /12.5 mL solution  | 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Give if patient unable to swallow tablet.<br>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: |
| <input type="checkbox"/> HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir  | <b>"Or" Linked Panel</b>   |
| Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |  |
| <input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet   | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Give if patient able to swallow tablet.   |
| <input type="checkbox"/> 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<br>Give if patient unable to swallow tablet.  |
| <input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet   | 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Tablets may be crushed. Give if patient able to swallow tablet  |
| <input type="checkbox"/> traMADoL (ULTRAM) tablet  | 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Max daily dose 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.   |

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

- |   |  |
|---|--|
| <input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) tablet OR elixir                  | <b>"Or" Linked Panel</b>   |
| <input type="checkbox"/> 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<br>Give if patient is able to tolerate oral medication.<br>The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: |

[ ] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
() HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	<b>"Or" Linked Panel</b>
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
[ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
() oxyCODONE (ROXICODONE) immediate release tablet	2.5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Tablets may be crushed. Give if patient able to swallow tablet
() traMADoL (ULTRAM) tablet	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
[ ] PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old if unable to tolerate Oral Pain Medication. (Single Response)	
Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.	
() morPHINE injection	2 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	0.25 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications
() ketorolac (TORADOL) IV (Single Response)	
Do NOT use in patients with eGFR LESS than 30 mL/min. WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.	
() For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications
[ ] PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than or EQUAL to 65 years old if unable to tolerate Oral Pain Medication. (Single Response)	
Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized. (adjust dose for renal/liver function and age)	
() morPHINE injection	1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	0.25 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications
[ ] PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)	

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

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

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

- [ ] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op  
Give if patient able to swallow tablet.

- [ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution 20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op  
Give if patient unable to swallow tablet.

- ( ) morPHINE immediate-release tablet 15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op  
Tablets may be crushed. Give if patient able to swallow tablet

- ( ) oxyCODONE (ROXICODONE) immediate release tablet 10 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op  
Tablets may be crushed. Give if patient able to swallow tablet

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

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

- ( ) oxyCODONE (ROXICODONE) immediate release tablet 5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op  
Oral tablets may be crushed. Give if patient able to swallow tablet

- ( ) morPHINE immediate-release tablet 7.5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op  
Oral tablets may be crushed. Give if patient able to swallow tablets.

- ( ) HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet **"Or" Linked Panel**  
OR elixir

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

- [ ] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op  
Give if patient able to swallow tablet.

- [ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution 10 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op  
Give if patient unable to swallow tablet.

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

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

- [ ] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op  
Give if patient able to swallow tablet.

- [ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution 20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op  
Give if patient unable to swallow tablet.

- ( ) traMADoL (ULTRAM) tablet 50 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op  
Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.

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

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

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



<input type="checkbox"/> 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.
<input type="checkbox"/> hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post- op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.

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

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

<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
<input type="checkbox"/> morPHINE injection	2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
<input type="checkbox"/> 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.

## VTE

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

VTE/DVT Risk Definitions

URL:

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

[Anticoagulation Guide for COVID patients](#)

URL:

"https://formweb.com/files/houstonmethodist/documents/C  
OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

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

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

Moderate risk of VTE Routine, Normal

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

Place sequential compression device (Single Response)

Contraindications exist for mechanical  
prophylaxis Routine, Normal

Place/Maintain sequential compression  
device continuous Routine, Hospital Performed

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

Moderate risk of VTE Routine, Normal

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

Place sequential compression device (Single Response)

Contraindications exist for mechanical  
prophylaxis Routine, Normal

Place/Maintain sequential compression  
device continuous Routine, Hospital Performed

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

High risk of VTE Routine, Normal

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

Place sequential compression device (Single Response)

Contraindications exist for mechanical prophylaxis Routine, Normal

Place/Maintain sequential compression device continuous Routine, Hospital Performed

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

High risk of VTE Routine, Normal

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

Place sequential compression device (Single Response)

Contraindications exist for mechanical prophylaxis Routine, Normal

Place/Maintain sequential compression device continuous Routine, Hospital Performed

LOW Risk of DVT (Selection Required)

Low Risk Definition

Age less than 60 years and NO other VTE risk factors

Low Risk (Single Response) (Selection Required)

Low risk of VTE Routine, Normal

MODERATE Risk of DVT - Surgical (Selection Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Normal

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

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

Contraindications exist for pharmacologic prophylaxis Routine, Normal

Place/Maintain sequential compression device continuous Routine, Hospital Performed

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

Contraindications exist for pharmacologic prophylaxis Routine, Normal

<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Normal
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
Patient renal status: @CRCL@		
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours		
<input type="checkbox"/> For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
<input type="checkbox"/> For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
<input type="checkbox"/>	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Normal
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Hospital Performed
<input type="checkbox"/> MODERATE Risk of DVT - Non-Surgical (Selection Required)		

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE Routine, Normal

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

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

[ ] Contraindications exist for pharmacologic prophylaxis Routine, Normal

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

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

[ ] Contraindications exist for pharmacologic prophylaxis Routine, Normal

[ ] Contraindications exist for mechanical prophylaxis Routine, Normal

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

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

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

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

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

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

<input type="checkbox"/>	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.
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Normal
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Hospital Performed
( <input type="checkbox"/> ) HIGH Risk of DVT - Surgical (Selection Required)		
High Risk Definition		
Both pharmacologic AND mechanical prophylaxis must be addressed.		
One or more of the following medical conditions:		
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)		
Severe fracture of hip, pelvis or leg		
Acute spinal cord injury with paresis		
Multiple major traumas		
Abdominal or pelvic surgery for CANCER		
Acute ischemic stroke		
History of PE		
[ ] High Risk (Selection Required)		
<input type="checkbox"/>	High risk of VTE	Routine, Normal
[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Normal
<input type="checkbox"/>	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
Patient renal status: @CRCL@		
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:		
Weight Dose		
LESS THAN 100kg enoxaparin 40mg daily		
100 to 139kg enoxaparin 30mg every 12 hours		
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours		
( <input type="checkbox"/> ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
( <input type="checkbox"/> ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
<input type="checkbox"/>	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

<input type="checkbox"/>	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/>	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.
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Normal
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Hospital Performed
<input type="checkbox"/> HIGH Risk of DVT - Non-Surgical (Selection Required)		
High Risk Definition		
Both pharmacologic AND mechanical prophylaxis must be addressed.		
One or more of the following medical conditions:		
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)		
Severe fracture of hip, pelvis or leg		
Acute spinal cord injury with paresis		
Multiple major traumas		
Abdominal or pelvic surgery for CANCER		
Acute ischemic stroke		
History of PE		
<input type="checkbox"/> High Risk (Selection Required)		
<input type="checkbox"/>	High risk of VTE	Routine, Normal
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Normal
<input type="checkbox"/>	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
Patient renal status: @CRCL@		
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:		
Weight Dose		
LESS THAN 100kg enoxaparin 40mg daily		
100 to 139kg enoxaparin 30mg every 12 hours		
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours		
<input type="checkbox"/> For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
<input type="checkbox"/> For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
<input type="checkbox"/>	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):

<input type="checkbox"/>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
<input type="checkbox"/>	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/>	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.
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Normal
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Hospital Performed
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)		
High Risk Definition		
Both pharmacologic AND mechanical prophylaxis must be addressed.		
One or more of the following medical conditions:		
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)		
Severe fracture of hip, pelvis or leg		
Acute spinal cord injury with paresis		
Multiple major traumas		
Abdominal or pelvic surgery for CANCER		
Acute ischemic stroke		
History of PE		
<input type="checkbox"/> High Risk (Selection Required)		
<input type="checkbox"/>	High risk of VTE	Routine, Normal
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Normal
<input type="checkbox"/>	aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
<input type="checkbox"/>	aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
<input type="checkbox"/> Apixaban and Pharmacy Consult (Selection Required)		
<input type="checkbox"/>	apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
<input type="checkbox"/>	Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Hospital Performed
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
Patient renal status: @CRCL@		
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:		
Weight Dose		
LESS THAN 100kg enoxaparin 40mg daily		
100 to 139kg enoxaparin 30mg every 12 hours		
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours		
<input type="checkbox"/> For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):

<input type="checkbox"/> For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> Rivaroxaban and Pharmacy Consult (Selection Required)	
<input type="checkbox"/> 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
<input type="checkbox"/> Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Hospital Performed
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Normal
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Hospital Performed

#### DVT Risk and Prophylaxis Tool (Single Response)

VTE/DVT Risk Definitions

URL:

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

[Anticoagulation Guide for COVID patients](#)

URL:

"https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)	
<input type="checkbox"/> Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Normal
<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Normal
<input type="checkbox"/> Place sequential compression device (Single Response)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Normal
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Hospital Performed



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

Moderate risk of VTE Routine, Normal

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

Place sequential compression device (Single Response)

Contraindications exist for mechanical prophylaxis Routine, Normal

Place/Maintain sequential compression device continuous Routine, Hospital Performed

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

High risk of VTE Routine, Normal

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

Place sequential compression device (Single Response)

Contraindications exist for mechanical prophylaxis Routine, Normal

Place/Maintain sequential compression device continuous Routine, Hospital Performed

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

High risk of VTE Routine, Normal

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

Place sequential compression device (Single Response)

Contraindications exist for mechanical prophylaxis Routine, Normal

Place/Maintain sequential compression device continuous Routine, Hospital Performed

LOW Risk of DVT (Selection Required)

Low Risk Definition

Age less than 60 years and NO other VTE risk factors

Low Risk (Single Response) (Selection Required)

Low risk of VTE Routine, Normal

MODERATE Risk of DVT - Surgical (Selection Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Normal

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

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

Contraindications exist for pharmacologic prophylaxis Routine, Normal

Place/Maintain sequential compression device continuous Routine, Hospital Performed

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

Contraindications exist for pharmacologic prophylaxis Routine, Normal

Contraindications exist for mechanical prophylaxis Routine, Normal

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

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

enoxaparin (LOVENOX) injection subcutaneous  
Indication(s):

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

heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op  
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

heparin (porcine) injection - For Patients with weight GREATER than 100 kg 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op  
For patients with weight GREATER than 100 kg.

warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1, PACU & Post-op  
Indication:

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

Mechanical Prophylaxis (Single Response) (Selection Required)

Contraindications exist for mechanical prophylaxis Routine, Normal

Place/Maintain sequential compression device continuous Routine, Hospital Performed

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Normal

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

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

Contraindications exist for pharmacologic prophylaxis Routine, Normal

Place/Maintain sequential compression device continuous Routine, Hospital Performed

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

Contraindications exist for pharmacologic prophylaxis Routine, Normal

Contraindications exist for mechanical prophylaxis Routine, Normal

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

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

enoxaparin (LOVENOX) injection subcutaneous  
Indication(s):

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

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

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

<input type="checkbox"/>	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.
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Normal
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Hospital Performed
( <input type="checkbox"/> ) HIGH Risk of DVT - Surgical (Selection Required)		
High Risk Definition		
Both pharmacologic AND mechanical prophylaxis must be addressed.		
One or more of the following medical conditions:		
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)		
Severe fracture of hip, pelvis or leg		
Acute spinal cord injury with paresis		
Multiple major traumas		
Abdominal or pelvic surgery for CANCER		
Acute ischemic stroke		
History of PE		
[ ] High Risk (Selection Required)		
<input type="checkbox"/>	High risk of VTE	Routine, Normal
[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Normal
<input type="checkbox"/>	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
Patient renal status: @CRCL@		
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:		
Weight Dose		
LESS THAN 100kg enoxaparin 40mg daily		
100 to 139kg enoxaparin 30mg every 12 hours		
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours		
( <input type="checkbox"/> ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
( <input type="checkbox"/> ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
<input type="checkbox"/>	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

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

Mechanical Prophylaxis (Single Response) (Selection Required)

<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Normal
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Hospital Performed

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

<input type="checkbox"/> High risk of VTE	Routine, Normal
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High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Normal
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enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

<input type="checkbox"/> enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
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For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous

<input type="checkbox"/> enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
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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):

<input type="checkbox"/>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
<input type="checkbox"/>	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/>	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.
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Normal
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Hospital Performed
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)		
High Risk Definition		
Both pharmacologic AND mechanical prophylaxis must be addressed.		
One or more of the following medical conditions:		
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)		
Severe fracture of hip, pelvis or leg		
Acute spinal cord injury with paresis		
Multiple major traumas		
Abdominal or pelvic surgery for CANCER		
Acute ischemic stroke		
History of PE		
<input type="checkbox"/> High Risk (Selection Required)		
<input type="checkbox"/>	High risk of VTE	Routine, Normal
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Normal
<input type="checkbox"/>	aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
<input type="checkbox"/>	aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
<input type="checkbox"/> Apixaban and Pharmacy Consult (Selection Required)		
<input type="checkbox"/>	apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
<input type="checkbox"/>	Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Hospital Performed
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
Patient renal status: @CRCL@		
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:		
Weight Dose		
LESS THAN 100kg enoxaparin 40mg daily		
100 to 139kg enoxaparin 30mg every 12 hours		
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours		
<input type="checkbox"/> For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):

<input type="checkbox"/>	For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
<input type="checkbox"/>	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Rivaroxaban and Pharmacy Consult (Selection Required)	
<input type="checkbox"/>	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
<input type="checkbox"/>	Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Hospital Performed
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed
<input type="checkbox"/>	Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Normal
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Hospital Performed

## Labs

## Cardiology

## Imaging

## Other Studies

## Respiratory

### Respiratory

<input checked="" type="checkbox"/>	Encourage deep breathing and coughing	Routine, Hospital Performed
<input checked="" type="checkbox"/>	Incentive spirometry	Routine, Hospital Performed
<input type="checkbox"/>	Oxygen therapy- Nasal Cannula	Routine, Hospital Performed

## Rehab

## Consults

For Physician Consult orders use sidebar

### Ancillary Consults

<input type="checkbox"/>	Consult to Case Management	Routine, Hospital Performed
<input type="checkbox"/>	Consult to Social Work	Routine, Hospital Performed

<input type="checkbox"/>	Consult PT eval and treat	Routine, Hospital Performed
<input type="checkbox"/>	Consult PT wound care	Routine, Hospital Performed
<input type="checkbox"/>	Consult OT eval and treat	Routine, Hospital Performed
<input type="checkbox"/>	Consult to Nutrition Services	Routine, Hospital Performed
<input type="checkbox"/>	Consult to Spiritual Care	Routine, Hospital Performed
<input type="checkbox"/>	Consult to Speech Language Pathology	Routine, Hospital Performed
<input type="checkbox"/>	Consult to Wound Ostomy Care nurse	Routine, Hospital Performed
<input type="checkbox"/>	Consult to Wound Ostomy Care nurse	Routine, Hospital Performed
<input type="checkbox"/>	Consult to Respiratory Therapy	Routine, Hospital Performed

## Additional Orders