I

Enhanced Recovery After Surgery (E	RAS) Orders
RAS Postop Diet/Nutrition and Mutimodal Pain	Medications
ERAS Diet and Nutrition (Single Response)	
	and nourishment); Start or advance diet based on patient's tolerance and
disease state	
() ERAS Diet and Nutrition for Acute patients	
[] Diet - Soft easy to digest	Routine, Hospital Performed
[] Chew Gum	Routine, Hospital Performed
() ERAS Diet and Nutrition for ICU patients	
For patients LESS THAN 65 years old:	
[] Nursing communication	Routine, Hospital Performed
[] Diet - Full Liquids	Routine, Hospital Performed
ERAS Diet and Nutrition (Single Response)	
Encourage early return to normal diet (hydration disease state	and nourishment); Start or advance diet based on patient's tolerance and
() ERAS Diet and Nutrition for Acute patients	
[] IMPACT Advanced Recovery	Routine, Hospital Performed
[] Encourage sips of IMPACT as tolerated	Routine, Hospital Performed
[] Diet - Soft easy to digest	Routine, Hospital Performed
[] Consult to Nutrition Services	Routine, Hospital Performed
[] Chew Gum	Routine, Hospital Performed
() ERAS Diet and Nutrition for ICU patients	
For patients LESS THAN 65 years old:	
[] IMPACT Advanced Recovery	Routine, Hospital Performed
[] Encourage sips of IMPACT as tolerated	Routine, Hospital Performed
[] Nursing communication	Routine, Hospital Performed
[] Diet - Full Liquids	Routine, Hospital Performed
[] Consult to Nutrition Services	Routine, Hospital Performed
ERAS Multimodal Pain Medications	· · · · · · · · · · · · · · · · · · ·
	o preemptively manage and control postoperative pain and reduce opioid the clock non-opioid analgesic medications and use opioid only for re 4-10)
[] acetaminophen (TYLENOL) (Single Response	e)
	eduled OR select oral or enteral post-op; Do not exceed 4 gms a day/2 gms
() Acetaminophen oral, per tube or rectal	"Or" Linked Panel
Maximum of 4 grams of acetaminophen per sources)	day from all sources. (Cirrhosis patients maximum: 2 grams per day from a
[] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, For 3 Doses
[] acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.
() Acetaminophen oral, per tube or rectal - for p cirrhosis or severe hepatic dysfunction	patients with "Or" Linked Panel
Maximum of 4 grams of acetaminophen per sources)	day from all sources. (Cirrhosis patients maximum: 2 grams per day from a

[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 8 hours, For 3 Doses Use if patient cannot swallow tablet.
() acetaminophen IV followed by oral	
[] acetaminophen (OFIRMEV) IV	 1,000 mg, intravenous, for 15 Minutes, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
[] acetaminophen (TYLENOL) (Single Response	se)
() Acetaminophen oral, per tube or rectal 1000	0 mg "Or" Linked Panel
Maximum of 4 grams of acetaminophen per sources)	r day from all sources. (Cirrhosis patients maximum: 2 grams per day from
[] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses
[] acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
() Acetaminophen oral, per tube or rectal 650 r patients with cirrhosis or severe hepatic dyst	mg - for "Or" Linked Panel
	r day from all sources. (Cirrhosis patients maximum: 2 grams per day from
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
) acetaminophen (OFIRMEV) IV (RESTRICTED) - for patients that cannot tolerate oral/enteral/rectal	1,000 mg, intravenous, for 15 Minutes, every 8 hours, For 3 Doses Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
Nonsteroidal Anti-inflammatory Drug (NSAID) (S	•
Response) Select Ketorolac(TORADOL) IV and one oral NS Do not give to patients with Stage IV - V CKD or	SAID to follow IV dose OR select one oral NSAID unless contraindicated; r AKI; increases risk of GI bleeding
() Ketorolac (TORADOL) IV X 24 hours followed NSAID	by oral
[] ketorolac (TORADOL) IV (Single Response)	
() ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours Then switch to oral NSAID
() ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours Then switch to oral NSAID
() ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours Then switch to oral NSAID
() ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours Then switch to oral NSAID.
[] Celecoxib (CELEBREX) OR Ibuprofen (MOTF Naprosyn Sodium (ALEVE) oral/enteral doses Response)	RIN) OR
() celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+24 Hours Do not administer to patients with CrCl<30
() celecoxib (CeleBREX) 400 mg	400 mg, oral, 2 times daily, Starting H+24 Hours Do not administer to patients with CrCl<30
() ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+24 Hours
ed on 6/5/2023 at 9:40 AM from SUP	Page 2 of 32

() ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+24 Hours
() ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+24 Hours
() naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+24 Hours
) Ketorolac (TORADOL) IV X 48 hours followed NSAID	by orai
[] ketorolac (TORADOL) IV (Single Response)	
() ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours
	Then switch to oral NSAID
() ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours Then switch to oral NSAID
() ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours Then switch to oral NSAID
() ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours Then switch to oral NSAID.
[] Celecoxib (CELEBREX) OR Ibuprofen (MOTI	
Naprosyn Sodium (ALEVE) oral/enteral dose Response)	s (Single
() celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+48 Hours Do not administer to patients with CrCl<30
() celecoxib (CeleBREX) 400 mg	400 mg, oral, 2 times daily, Starting H+48 Hours Do not administer to patients with CrCl<30
() ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+48 Hours
() ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+48 Hours
() ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+48 Hours
() naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+48 Hours
) Celecoxib (CELEBREX) OR Ibuprofen (MOTR	
Naprosyn Sodium (ALEVE) oral/enteral doses Response)	(Single
() celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily
	Do not administer to patients with CrCl<30
() celecoxib (CeleBREX) 400 mg	400 mg, oral, 2 times daily
	Do not administer to patients with CrCI<30
() ibuprofen (ADVIL) 400 mg	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled
 () ibuprofen (ADVIL) 400 mg () ibuprofen (ADVIL) 600 mg 	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled 600 mg, oral, every 6 hours scheduled
 () ibuprofen (ADVIL) 400 mg () ibuprofen (ADVIL) 600 mg () ibuprofen (ADVIL) 800 mg 	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled 600 mg, oral, every 6 hours scheduled 800 mg, oral, every 8 hours scheduled
 () ibuprofen (ADVIL) 400 mg () ibuprofen (ADVIL) 600 mg 	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled 600 mg, oral, every 6 hours scheduled
 () ibuprofen (ADVIL) 400 mg () ibuprofen (ADVIL) 600 mg () ibuprofen (ADVIL) 800 mg () naproxen (NAPROSYN) tablet Gabapentinoids (Single Response) 	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled 600 mg, oral, every 6 hours scheduled 800 mg, oral, every 8 hours scheduled 375 mg, oral, 2 times daily
 () ibuprofen (ADVIL) 400 mg () ibuprofen (ADVIL) 600 mg () ibuprofen (ADVIL) 800 mg () naproxen (NAPROSYN) tablet Gabapentinoids (Single Response) Consider pregabalin (LYRICA) only if unable to 	Do not administer to patients with CrCI<30 400 mg, oral, every 6 hours scheduled 600 mg, oral, every 6 hours scheduled 800 mg, oral, every 8 hours scheduled 375 mg, oral, 2 times daily tolerate gabapentin (NEURONTIN)
 () ibuprofen (ADVIL) 400 mg () ibuprofen (ADVIL) 600 mg () ibuprofen (ADVIL) 800 mg () naproxen (NAPROSYN) tablet Gabapentinoids (Single Response) Consider pregabalin (LYRICA) only if unable to 	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled 600 mg, oral, every 6 hours scheduled 800 mg, oral, every 8 hours scheduled 375 mg, oral, 2 times daily tolerate gabapentin (NEURONTIN) persists; Need renal dose adjustment; Do not administer if CrCl < 15
 () ibuprofen (ADVIL) 400 mg () ibuprofen (ADVIL) 600 mg () ibuprofen (ADVIL) 800 mg () naproxen (NAPROSYN) tablet Gabapentinoids (Single Response) Consider pregabalin (LYRICA) only if unable to Contact physician if somnolence or drowsiness mL/min; Give with caution to patients 65 years contact) pregabalin (LYRICA) (Single Response) 	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled 600 mg, oral, every 6 hours scheduled 800 mg, oral, every 8 hours scheduled 375 mg, oral, 2 times daily tolerate gabapentin (NEURONTIN) persists; Need renal dose adjustment; Do not administer if CrCl < 15 of age and older
 ibuprofen (ADVIL) 400 mg ibuprofen (ADVIL) 600 mg ibuprofen (ADVIL) 600 mg ibuprofen (ADVIL) 800 mg naproxen (NAPROSYN) tablet Gabapentinoids (Single Response) Consider pregabalin (LYRICA) only if unable to Contact physician if somnolence or drowsiness mL/min; Give with caution to patients 65 years of pregabalin (LYRICA) (Single Response) For patients GREATER than 65 years old (Single Response) 	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled 600 mg, oral, every 6 hours scheduled 800 mg, oral, every 8 hours scheduled 375 mg, oral, 2 times daily tolerate gabapentin (NEURONTIN) persists; Need renal dose adjustment; Do not administer if CrCl < 15 of age and older
 () ibuprofen (ADVIL) 400 mg () ibuprofen (ADVIL) 600 mg () ibuprofen (ADVIL) 800 mg () naproxen (NAPROSYN) tablet Gabapentinoids (Single Response) Consider pregabalin (LYRICA) only if unable to Contact physician if somnolence or drowsiness mL/min; Give with caution to patients 65 years of) pregabalin (LYRICA) (Single Response) () For patients GREATER than 65 years old (Single Response) () pregabalin (LYRICA) capsule 25 mg (CrCl 	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled 600 mg, oral, every 6 hours scheduled 800 mg, oral, every 8 hours scheduled 375 mg, oral, 2 times daily tolerate gabapentin (NEURONTIN) persists; Need renal dose adjustment; Do not administer if CrCl < 15 of age and older ngle 25 mg, oral, 3 times daily
 ibuprofen (ADVIL) 400 mg ibuprofen (ADVIL) 600 mg ibuprofen (ADVIL) 600 mg ibuprofen (ADVIL) 800 mg naproxen (NAPROSYN) tablet Gabapentinoids (Single Response) Consider pregabalin (LYRICA) only if unable to Contact physician if somnolence or drowsiness mL/min; Give with caution to patients 65 years of pregabalin (LYRICA) (Single Response) () For patients GREATER than 65 years old (Sing Response) () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) 	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled 600 mg, oral, every 6 hours scheduled 800 mg, oral, every 8 hours scheduled 375 mg, oral, 2 times daily tolerate gabapentin (NEURONTIN) persists; Need renal dose adjustment; Do not administer if CrCl < 15 of age and older ngle 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
 ibuprofen (ADVIL) 400 mg ibuprofen (ADVIL) 600 mg ibuprofen (ADVIL) 600 mg ibuprofen (ADVIL) 800 mg naproxen (NAPROSYN) tablet Gabapentinoids (Single Response) Consider pregabalin (LYRICA) only if unable to Contact physician if somnolence or drowsiness mL/min; Give with caution to patients 65 years of pregabalin (LYRICA) (Single Response) For patients GREATER than 65 years old (Sing Response) pregabalin (LYRICA) capsule 25 mg (CrCl 	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled 600 mg, oral, every 6 hours scheduled 800 mg, oral, every 8 hours scheduled 375 mg, oral, 2 times daily tolerate gabapentin (NEURONTIN) persists; Need renal dose adjustment; Do not administer if CrCl < 15 of age and older ngle 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not
 () ibuprofen (ADVIL) 400 mg () ibuprofen (ADVIL) 600 mg () ibuprofen (ADVIL) 800 mg () naproxen (NAPROSYN) tablet Gabapentinoids (Single Response) Consider pregabalin (LYRICA) only if unable to Contact physician if somnolence or drowsiness mL/min; Give with caution to patients 65 years of) pregabalin (LYRICA) (Single Response) () For patients GREATER than 65 years old (Sin Response) () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled 600 mg, oral, every 6 hours scheduled 800 mg, oral, every 8 hours scheduled 375 mg, oral, 2 times daily tolerate gabapentin (NEURONTIN) persists; Need renal dose adjustment; Do not administer if CrCl < 15 of age and older ngle 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not
 ibuprofen (ADVIL) 400 mg ibuprofen (ADVIL) 600 mg ibuprofen (ADVIL) 600 mg ibuprofen (ADVIL) 800 mg naproxen (NAPROSYN) tablet Gabapentinoids (Single Response) Consider pregabalin (LYRICA) only if unable to Contact physician if somnolence or drowsiness mL/min; Give with caution to patients 65 years of pregabalin (LYRICA) (Single Response) For patients GREATER than 65 years old (Sing Response) pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min) 	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled 600 mg, oral, every 6 hours scheduled 800 mg, oral, every 8 hours scheduled 375 mg, oral, 2 times daily tolerate gabapentin (NEURONTIN) persists; Need renal dose adjustment; Do not administer if CrCl < 15 of age and older 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
 ibuprofen (ADVIL) 400 mg ibuprofen (ADVIL) 600 mg ibuprofen (ADVIL) 600 mg ibuprofen (ADVIL) 800 mg naproxen (NAPROSYN) tablet Gabapentinoids (Single Response) Consider pregabalin (LYRICA) only if unable to Contact physician if somnolence or drowsiness mL/min; Give with caution to patients 65 years of pregabalin (LYRICA) (Single Response) () For patients GREATER than 65 years old (Sin Response) () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) 	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled 600 mg, oral, every 8 hours scheduled 800 mg, oral, every 8 hours scheduled 375 mg, oral, 2 times daily tolerate gabapentin (NEURONTIN) persists; Need renal dose adjustment; Do not administer if CrCl < 15 of age and older 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 8 mg/ml at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min Response) 50 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min Response)
 ibuprofen (ADVIL) 400 mg ibuprofen (ADVIL) 600 mg ibuprofen (ADVIL) 800 mg ibuprofen (ADVIL) 800 mg naproxen (NAPROSYN) tablet Gabapentinoids (Single Response) Consider pregabalin (LYRICA) only if unable to contact physician if somnolence or drowsiness mL/min; Give with caution to patients 65 years of pregabalin (LYRICA) (Single Response) For patients GREATER than 65 years old (Sin Response) pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) For patients LESS than 65 years old (Single Feight (LYRICA) capsule 50 mg (CrCl 1) pregabalin (LYRICA) capsule 50 mg (CrCl 1) 	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled 600 mg, oral, every 6 hours scheduled 800 mg, oral, every 8 hours scheduled 375 mg, oral, 2 times daily tolerate gabapentin (NEURONTIN) persists; Need renal dose adjustment; Do not administer if CrCl < 15 of age and older 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min Response) 50 mg, oral, 3 times daily

$\overline{()}$		
• • •	pregabalin (LYRICA) capsule 50 mg (CrCl	50 mg, oral, at bedtime
	15-29 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
		administer if CrCl <15 mL/min
	abapentin (NEURONTIN) (Single Response)	
	For patients GREATER than 65 years old (Sin Response)	-
()	gabapentin (NEURONTIN) capsule 100 mg	100 mg, oral, 3 times daily
	(CrCl greater than or equal to 60 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
$\overline{\langle \rangle}$	rehenentin (NEUDONTIN) concula 400 mm	administer if CrCl <15 mL/min
()	gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min)	100 mg, oral, 2 times daily Contact physician if compolence or drouveiness persists: Do not
	(CICI 30-59 IIIL/IIIII)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
$\overline{()}$	gabapentin (NEURONTIN) capsule 100 mg	100 mg, oral, at bedtime
()	(CrCl 15-29 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
		administer if CrCl <15 mL/min
()	For patients LESS than 65 years old (Single R	
	gabapentin (NEURONTIN) capsule 300 mg	300 mg, oral, 3 times daily
()	(CrCl greater than or equal to 60 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
	· · · · · ·	administer if CrCl <15 mL/min
()		300 mg, oral, 2 times daily
	(CrCl 30-59 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
		administer if CrCl <15 mL/min
()		300 mg, oral, at bedtime
	(CrCl 15-29 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
1 1.	usele Belevent (Single Beenenge)	administer if CrCl <15 mL/min
	iscle Relaxant (Single Response)	ro old
	atients GREATER THAN or EQUAL to 65 yea methocarbamol (ROBAXIN) IV followed by ora	
	methocarbamol (ROBAXIN) IV followed by ora	500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3
[]		Doses
[]	methocarbamol (ROBAXIN) tablet	250 mg, oral, every 8 hours scheduled, Starting H+24 Hours
	cvclobenzaprine (ELEXERIL) tablet	
	cyclobenzaprine (FLEXERIL) tablet atients LESS THAN 65 years old	5 mg, oral, every 12 hours scheduled
() P	atients LESS THAN 65 years old	5 mg, oral, every 12 hours scheduled
(<u>)</u> P []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora	5 mg, oral, every 12 hours scheduled
(<u>)</u> P []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year	5 mg, oral, every 12 hours scheduled al (For s old)
(<u>)</u> P []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora	5 mg, oral, every 12 hours scheduled al (For s old)
(<u>)</u> P []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year	5 mg, oral, every 12 hours scheduled al (For 's old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3
() P [] [] []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB	5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses
() P [] [] []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet	5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily
() P [] [] []] lide	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours
() P [] [] [] []] lide	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet pcaine (LIDODERM) patch	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity
() P [] [] [] [] lide [] lide	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 %	5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours
() P [] [] []] lida [] lida [] lida	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 %	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity
() P [] [] []] lida [] lida [] lida	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 %	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit
() P [] [] []] lida [] lida [] lida [] Op	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 %	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine).
() P [] [] []] lida [] lida [] lida [] Cp Or	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 %	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit or allergies to lidocaine).
() P [] [] [] [] lida [] lida [] lida [] Cp Or	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 %	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit or allergies to lidocaine).
() P [] [] []] lidd [] lid []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 % hioids hily for moderate to severe breakthrough pain or moderate breakthrough pain (pain score 4-6 oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response)	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6)
() P [] [] []] lidd [] lid []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 % hioids hy for moderate to severe breakthrough pain or moderate breakthrough pain (pain score 4-6 oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate
() P [] [] []] lidd [] lid []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 % bioids ly for moderate to severe breakthrough pain or moderate breakthrough pain (pain score 4-6 oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6)
() P [] [] [] [] [] lida [] lida [] lida [] Cp [] [] [] [] [] ()	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) patch docaine (LIDODERM) 5 % biolds ly for moderate to severe breakthrough pain or moderate breakthrough pain (pain score 4-6 oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis traMADoL (ULTRAM) tablet	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
() P [] [] [] [] [] lida [] lida [] lida [] Cr [] F [] F [] F	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 % biolds ly for moderate to severe breakthrough pain or moderate breakthrough pain (pain score 4-6 oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis traMADoL (ULTRAM) tablet or severe breakthrough pain (pain score 7-10)	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
() P [] [] [] [] [] lide [] lide [] lide [] [] [] F [] [] F [] [] F []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) patch docaine (LIDODERM) 5 % biolds ly for moderate to severe breakthrough pain or moderate breakthrough pain (pain score 4-6 oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis traMADoL (ULTRAM) tablet	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
() P [] [] [] [] [] lida [] lida [] lida [] lida [] [] [] [] [] F [] [] F []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 % biolds ly for moderate to severe breakthrough pain or moderate breakthrough pain (pain score 4-6 oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis traMADoL (ULTRAM) tablet or severe breakthrough pain (pain score 7-10) oxyCODone (ROXICODONE) IR - patients LESS than 65 years old	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) 10 mg, oral, every 6 hours PRN, severe pain (score 7-10)
() P [] [] [] [] [] lida [] lida [] lida [] lida [] [] [] [] [] F [] [] F [] [] F []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 % ioids ily for moderate to severe breakthrough pain or moderate breakthrough pain (pain score 4-6 oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis traMADoL (ULTRAM) tablet or severe breakthrough pain (pain score 7-10) oxyCODone (ROXICODONE) IR - patients	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivit or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
() P [] [] [] [] [] lida [] lida [] lida [] lida [] [] [] [] [] [] [] [] [] [] [] []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 % ioids ily for moderate to severe breakthrough pain or moderate breakthrough pain (pain score 4-6 oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis traMADoL (ULTRAM) tablet or severe breakthrough pain (pain score 7-10) oxyCODone (ROXICODONE) IR - patients LESS than 65 years old oxyCODONE (ROXICODONE) IR - patients	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) 10 mg, oral, every 6 hours PRN, severe pain (score 7-10)
() P [] [] [] [] [] lidd [] lid [] lid [] lid [] [] [] [] [] [] [] [] [] [] [] [] [] []	atients LESS THAN 65 years old methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year methocarbamol (ROBAXIN) IVPB methocarbamol (ROBAXIN) tablet cyclobenzaprine (FLEXERIL) tablet ocaine (LIDODERM) patch docaine (LIDODERM) 5 % biolds ly for moderate to severe breakthrough pain or moderate breakthrough pain (pain score 4-6 oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis traMADoL (ULTRAM) tablet or severe breakthrough pain (pain score 7-10) oxyCODone (ROXICODONE) IR - patients LESS than 65 years old oxyCODONE (ROXICODONE) IR - patients 65 years old and greater	 5 mg, oral, every 12 hours scheduled al (For s old) 500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3 Doses 750 mg, oral, every 8 hours scheduled, Starting H+24 Hours 5 mg, oral, 3 times daily 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) 10 mg, oral, every 6 hours PRN, severe pain (score 7-10) 5 mg, oral, every 6 hours PRN, severe pain (score 7-10)

ERAS Postop Diet/Nutrition and Multimodal Pain Medications

[] ERAS Diet and Nutrition (Single Response)	
	and nourishment); Start or advance diet based on patient's tolerance and
disease state	
() ERAS Diet and Nutrition for Acute patients	
[] IMPACT Advanced Recovery	Routine, Hospital Performed
[] Encourage sips of IMPACT as tolerated	Routine, Hospital Performed
 Diet - Soft easy to digest 	Routine, Hospital Performed
[] Consult to Nutrition Services	Routine, Hospital Performed
[] Chew Gum	Routine, Hospital Performed
() ERAS Diet and Nutrition for ICU patients	
For patients LESS THAN 65 years old:	
[] IMPACT Advanced Recovery	Routine, Hospital Performed
[] Encourage sips of IMPACT as tolerated	Routine, Hospital Performed
[] Nursing communication	Routine, Hospital Performed
[] Diet - Full Liquids	Routine, Hospital Performed
[] Consult to Nutrition Services	Routine, Hospital Performed
[] ERAS Diet and Nutrition (Single Response)	
	and nourishment); Start or advance diet based on patient's tolerance and
disease state	
() ERAS Diet and Nutrition for Acute patients	
[] Diet - Soft easy to digest	Routine, Hospital Performed
[] Chew Gum	Routine, Hospital Performed
() ERAS Diet and Nutrition for ICU patients	
For patients LESS THAN 65 years old:	
[] Nursing communication	Routine, Hospital Performed
[] Diet - Full Liquids	Routine, Hospital Performed
[] ERAS Multimodal Pain Medications	
	preemptively manage and control postoperative pain and reduce opioid
	e clock non-opioid analgesic medications and use opioid only for
moderate to severe breakthrough pain (pain score	9 4-10)
[] acetaminophen (TYLENOL) (Single Response)	
	, duled 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 d	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
sources)	
 acetaminophen (TYLENOL) tablet 	1,000 mg, oral, every 8 hours, For 3 Doses
[] acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, For 3 Doses
	Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, For 3 Doses
	Use if patient cannot swallow tablet.
() Acetaminophen oral, per tube or rectal - for pa	atients with "Or" Linked Panel
cirrhosis or severe hepatic dysfunction	
- · · ·	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
sources)	
[] easterningshan (T)/I [] (01) tablet	
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, For 3 Doses
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, For 3 Doses
[] acetaminophen (TYLENOL) suppository	Use if patient cannot swallow tablet. 650 mg, rectal, every 8 hours, For 3 Doses
[] acetaminophen (TYLENOL) suppository	Use if patient cannot swallow tablet.

() acetaminophen IV followed by oral	
[] acetaminophen (OFIRMEV) IV	1,000 mg, intravenous, for 15 Minutes, once, For 1 Doses
	Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent
	PO dose when above approved criteria are satisfied:
	IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or
	ICU areas, and for patients that cannot tolerate oral, per tube, or rectal
	routes of administration. Do you attest that this restriction has been met?
[] acetaminophen (TYLENOL) (Single Response	2)
() Acetaminophen oral, per tube or rectal 1000	
Maximum of 4 grams of acetaminophen per o sources)	day from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses
[] acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
 Acetaminophen oral, per tube or rectal 650 m patients with cirrhosis or severe hepatic dysfu 	ng - for "Or" Linked Panel unction
Maximum of 4 grams of acetaminophen per c sources)	day from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses Use if patient cannot swallow tablet.
 acetaminophen (OFIRMEV) IV (RESTRICTED) - for patients that cannot 	1,000 mg, intravenous, for 15 Minutes, every 8 hours, For 3 Doses Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO
tolerate oral/enteral/rectal	dose when above approved criteria are satisfied:
	IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
] Nonsteroidal Anti-inflammatory Drug (NSAID) (Si Response)	ingle
Select Ketorolac(TORADOL) IV and one oral NS, Do not give to patients with Stage IV - V CKD or ,	AID to follow IV dose OR select one oral NSAID unless contraindicated; AKI; increases risk of GI bleeding
() Ketorolac (TORADOL) IV X 24 hours followed b NSAID	y oral
[] ketorolac (TORADOL) IV (Single Response)	
() ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours Then switch to oral NSAID
() ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours Then switch to oral NSAID
() ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours Then switch to oral NSAID
() ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours Then switch to oral NSAID.
[] Celecoxib (CELEBREX) OR Ibuprofen (MOTR	
Naprosyn Sodium (ALEVE) oral/enteral doses Response)	(Single
() celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+24 Hours Do not administer to patients with CrCl<30
() celecoxib (CeleBREX) 400 mg	400 mg, oral, 2 times daily, Starting H+24 Hours Do not administer to patients with CrCl<30
() ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+24 Hours
() ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+24 Hours
() ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+24 Hours
() naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+24 Hours

NSAID	
ketorolac (TORADOL) IV (Single Response)	
() ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours Then switch to oral NSAID
() ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours Then switch to oral NSAID
() ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours Then switch to oral NSAID
() ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours Then switch to oral NSAID.
Celecoxib (CELEBREX) OR Ibuprofen (MOTR	IN) OR
Naprosyn Sodium (ALEVE) oral/enteral doses Response)	•
() celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+48 Hours Do not administer to patients with CrCl<30
() celecoxib (CeleBREX) 400 mg	400 mg, oral, 2 times daily, Starting H+48 Hours Do not administer to patients with CrCl<30
() ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+48 Hours
() ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+48 Hours
() ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+48 Hours
() naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+48 Hours
Celecoxib (CELEBREX) OR Ibuprofen (MOTRI Naprosyn Sodium (ALEVE) oral/enteral doses (Response)	N) OR Single
) celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily Do not administer to patients with CrCl<30
) celecoxib (CeleBREX) 400 mg	400 mg, oral, 2 times daily Do not administer to patients with CrCl<30
) ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled
) ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled
) ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled
) naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily
Gabapentinoids (Single Response)	
Consider pregabalin (LYRICA) only if unable to to Contact physician if somnolence or drowsiness p mL/min; Give with caution to patients 65 years of	ersists; Need renal dose adjustment; Do not administer if CrCl < 15
pregabalin (LYRICA) (Single Response)	
) For patients GREATER than 65 years old (Sin	ale
Response)	•
() pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min)	25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
 pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) 	 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
 () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 	 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not
 () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 	 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
 () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min) 	 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
 pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min) For patients LESS than 65 years old (Single R () pregabalin (LYRICA) capsule 50 mg (CrCl 	 25 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, at bedtime Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min esponse) 50 mg, oral, 3 times daily Contact physician if somnolence or drowsiness persists; Do not

() For patients GREATER than 65 years old (Sir Response)	ngle
() gabapentin (NEURONTIN) capsule 100 mg	100 mg, oral, 3 times daily
(CrCl greater than or equal to 60 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
	administer if CrCl <15 mL/min
() schenertin (NEUDONITINI) conculs 100 mg	
() gabapentin (NEURONTIN) capsule 100 mg	100 mg, oral, 2 times daily
(CrCl 30-59 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
	administer if CrCl <15 mL/min
() gabapentin (NEURONTIN) capsule 100 mg	100 mg, oral, at bedtime
(CrCl 15-29 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
	administer if CrCl <15 mL/min
() For patients LESS than 65 years old (Single F	Response)
() gabapentin (NEURONTIN) capsule 300 mg	300 mg, oral, 3 times daily
(CrCl greater than or equal to 60 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
	administer if CrCl <15 mL/min
() gabapentin (NEURONTIN) capsule 300 mg	300 mg, oral, 2 times daily
(CrCl 30-59 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
(CICI 30-39 IIIE/IIIIII)	administer if CrCl <15 mL/min
() gabapentin (NEURONTIN) capsule 300 mg	300 mg, oral, at bedtime
(CrCl 15-29 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
	administer if CrCl <15 mL/min
] Muscle Relaxant (Single Response)	
() Patients GREATER THAN or EQUAL to 65 year	ars old
[] methocarbamol (ROBAXIN) IV followed by ora	al
[] methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3
[]	Doses
[] methocarbamol (ROBAXIN) tablet	250 mg, oral, every 8 hours scheduled, Starting H+24 Hours
[] cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 12 hours scheduled
() Patients LESS THAN 65 years old	
[] methocarbamol (ROBAXIN) IV followed by ora	
patients GREATER than or EQUAL to 65 yea	
[] methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, for 60 Minutes, every 8 hours scheduled, For 3
	Doses
[] methocarbamol (ROBAXIN) tablet	750 mg, oral, every 8 hours scheduled, Starting H+24 Hours
[] cyclobenzaprine (FLEXERIL) tablet	
	5 mg, oral, 3 times daily
	5 mg, oral, 3 times daily
[] lidocaine (LIDODERM) patch	
	1 patch, transdermal, for 12 Hours, every 24 hours
] lidocaine (LIDODERM) patch	1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity
] lidocaine (LIDODERM) patch [] lidocaine (LIDODERM) 5 %	1 patch, transdermal, for 12 Hours, every 24 hours
 lidocaine (LIDODERM) patch lidocaine (LIDODERM) 5 % Opioids 	1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity
] lidocaine (LIDODERM) patch [] lidocaine (LIDODERM) 5 %	1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity
 lidocaine (LIDODERM) patch lidocaine (LIDODERM) 5 % Opioids Only for moderate to severe breakthrough pain 	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).
 Iidocaine (LIDODERM) patch Iidocaine (LIDODERM) 5 % Opioids Only for moderate to severe breakthrough pain For moderate breakthrough pain (pain score 4- 	1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine). 6)
 Iidocaine (LIDODERM) patch Iidocaine (LIDODERM) 5 % Opioids Only for moderate to severe breakthrough pain 	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).
 Iidocaine (LIDODERM) patch Iidocaine (LIDODERM) 5 % Opioids Only for moderate to severe breakthrough pain For moderate breakthrough pain (pain score 4- 	1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine). 6)
 [] lidocaine (LIDODERM) patch [] lidocaine (LIDODERM) 5 % [] Opioids Only for moderate to severe breakthrough pain [] For moderate breakthrough pain (pain score 4- [] oxyCODone (ROXICODONE) immediate release tablet 	 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate
 idocaine (LIDODERM) patch idocaine (LIDODERM) 5 % Opioids Only for moderate to severe breakthrough pain For moderate breakthrough pain (pain score 4- oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) 	 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6)
 lidocaine (LIDODERM) patch lidocaine (LIDODERM) 5 % Opioids Only for moderate to severe breakthrough pain [] For moderate breakthrough pain (pain score 4- [] oxyCODone (ROXICODONE) immediate release tablet [] traMADoL (ULTRAM) (Single Response) () traMADoL (ULTRAM) tablet - patients with 	 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate
 lidocaine (LIDODERM) patch lidocaine (LIDODERM) 5 % Opioids Only for moderate to severe breakthrough pain [] For moderate breakthrough pain (pain score 4- [] oxyCODone (ROXICODONE) immediate release tablet [] traMADoL (ULTRAM) (Single Response) () traMADoL (ULTRAM) tablet - patients with cirrhosis 	 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6)
 lidocaine (LIDODERM) patch lidocaine (LIDODERM) 5 % Opioids Only for moderate to severe breakthrough pain For moderate breakthrough pain (pain score 4- oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis traMADoL (ULTRAM) tablet 	 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
 lidocaine (LIDODERM) patch lidocaine (LIDODERM) 5 % Opioids Only for moderate to severe breakthrough pain [] For moderate breakthrough pain (pain score 4- [] oxyCODone (ROXICODONE) immediate release tablet [] traMADoL (ULTRAM) (Single Response) () traMADoL (ULTRAM) tablet - patients with cirrhosis () traMADoL (ULTRAM) tablet [] For severe breakthrough pain (pain score 7-10) 	 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine). 6) 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
 lidocaine (LIDODERM) patch lidocaine (LIDODERM) 5 % Opioids Only for moderate to severe breakthrough pain For moderate breakthrough pain (pain score 4- oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis traMADoL (ULTRAM) tablet 	 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
 idocaine (LIDODERM) patch idocaine (LIDODERM) 5 % Opioids Only for moderate to severe breakthrough pain For moderate breakthrough pain (pain score 4- oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis traMADoL (ULTRAM) tablet For severe breakthrough pain (pain score 7-10) oxyCODone (ROXICODONE) IR - patients LESS than 65 years old 	 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) 10 mg, oral, every 6 hours PRN, severe pain (score 7-10)
 idocaine (LIDODERM) patch idocaine (LIDODERM) 5 % Opioids Only for moderate to severe breakthrough pain For moderate breakthrough pain (pain score 4- oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis traMADoL (ULTRAM) tablet For severe breakthrough pain (pain score 7-10) oxyCODone (ROXICODONE) IR - patients LESS than 65 years old oxyCODONE (ROXICODONE) IR - patients 	 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine). 6) 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
 Iidocaine (LIDODERM) patch Iidocaine (LIDODERM) 5 % Opioids Only for moderate to severe breakthrough pain For moderate breakthrough pain (pain score 4- oxyCODone (ROXICODONE) immediate release tablet traMADoL (ULTRAM) (Single Response) traMADoL (ULTRAM) tablet - patients with cirrhosis traMADoL (ULTRAM) tablet For severe breakthrough pain (pain score 7-10) oxyCODone (ROXICODONE) IR - patients LESS than 65 years old oxyCODONE (ROXICODONE) IR - patients 65 years old and greater 	 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) 10 mg, oral, every 6 hours PRN, severe pain (score 7-10) 5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
 [] lidocaine (LIDODERM) patch [] lidocaine (LIDODERM) 5 % [] Opioids Only for moderate to severe breakthrough pain [] For moderate breakthrough pain (pain score 4- [] oxyCODone (ROXICODONE) immediate release tablet [] traMADoL (ULTRAM) (Single Response) () traMADoL (ULTRAM) tablet - patients with cirrhosis () traMADoL (ULTRAM) tablet [] For severe breakthrough pain (pain score 7-10) [] oxyCODone (ROXICODONE) IR - patients LESS than 65 years old [] oxyCODONE (ROXICODONE) IR - patients 	 1 patch, transdermal, for 12 Hours, every 24 hours Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine). 6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6) 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) 10 mg, oral, every 6 hours PRN, severe pain (score 7-10)

General

Common Present on Admission Diagnosis

[] Acidosis	Routine, Hospital Performed
Acute Post-Hemorrhagic Anemia	Routine, Hospital Performed
[] Acute Renal Failure	Routine, Hospital Performed
[] Acute Respiratory Failure	Routine, Hospital Performed
[] Acute Thromboembolism of Deep Veins of Lower	Routine, Hospital Performed
Extremities Image: Anemia	Routine, Hospital Performed
[] Anemia [] Bacteremia	
• •	Routine, Hospital Performed
[] Bipolar disorder, unspecified	Routine, Hospital Performed Routine, Hospital Performed
	Routine, Hospital Performed
[] Cardiac Dysrhythmia [] Cardiacaria Shack	
[] Cardiogenic Shock	Routine, Hospital Performed
Decubitus Dicer Dementia in Conditions Classified Elsewhere	Routine, Hospital Performed
	Routine, Hospital Performed
[] Disorder of Liver	Routine, Hospital Performed
 [] Electrolyte and Fluid Disorder [] Intestinal Infection due to Clostridium Difficile 	Routine, Hospital Performed
<u> </u>	Routine, Hospital Performed
 Methicillin Resistant Staphylococcus Aureus Infection Obstructive Chronic Bronchitis with Exacerbation 	Routine, Hospital Performed
Obstructive Chronic Bronchitis with Exacerbation Other Alteration of Consciousness	Routine, Hospital Performed
• •	Routine, Hospital Performed
Other and Unspecified Coagulation Defects	Routine, Hospital Performed
Other Pulmonary Embolism and Infarction Delebitic and Thrember blabitic	Routine, Hospital Performed
Phlebitis and ThrombophlebitisProtein-calorie Malnutrition	Routine, Hospital Performed
<u> </u>	Routine, Hospital Performed
[] Psychosis, unspecified psychosis type [] Sabizantrazia Disarder	Routine, Hospital Performed
[] Schizophrenia Disorder [] Sensia	Routine, Hospital Performed
[] Sepsis [] [] Septic Shock []	Routine, Hospital Performed Routine, Hospital Performed
[] Septicemia	Routine, Hospital Performed
	Routine, Hospital Performed
[] Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Routine, nospital Fenomed
[] Urinary Tract Infection, Site Not Specified	Routine, Hospital Performed
Elective Outpatient, Observation, or Admission (Single R	Response)
() Elective outpatient procedure: Discharge following	Routine, Hospital Performed
routine recovery	
() Outpatient observation services under general	Routine, Hospital Performed
supervision	
() Outpatient in a bed - extended recovery	Routine, Hospital Performed
() Admit to Inpatient	
	Routine, Hospital Performed
	Routine, Hospital Performed
Admission or Observation (Single Response)	Routine, Hospital Performed
Admission or Observation (Single Response) Patient has active outpatient status order on file	Routine, Hospital Performed
	Routine, Hospital Performed
Patient has active outpatient status order on file () Admit to Inpatient	Routine, Hospital Performed
Patient has active outpatient status order on file () Admit to Inpatient () Outpatient observation services under general	
 Patient has active outpatient status order on file () Admit to Inpatient () Outpatient observation services under general supervision 	Routine, Hospital Performed Routine, Hospital Performed
 Patient has active outpatient status order on file () Admit to Inpatient () Outpatient observation services under general supervision () Outpatient in a bed - extended recovery 	Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed
 Patient has active outpatient status order on file () Admit to Inpatient () Outpatient observation services under general supervision () Outpatient in a bed - extended recovery () Transfer patient 	Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed
 Patient has active outpatient status order on file () Admit to Inpatient () Outpatient observation services under general supervision () Outpatient in a bed - extended recovery 	Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed
 Patient has active outpatient status order on file () Admit to Inpatient () Outpatient observation services under general supervision () Outpatient in a bed - extended recovery () Transfer patient () Return to previous bed 	Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed
Patient has active outpatient status order on file () Admit to Inpatient () Outpatient observation services under general supervision () Outpatient in a bed - extended recovery () Transfer patient () Return to previous bed Admission (Single Response)	Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed
 Patient has active outpatient status order on file () Admit to Inpatient () Outpatient observation services under general supervision () Outpatient in a bed - extended recovery () Transfer patient () Return to previous bed 	Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed
Patient has active outpatient status order on file () Admit to Inpatient () Outpatient observation services under general supervision () Outpatient in a bed - extended recovery () Transfer patient () Return to previous bed Admission (Single Response) Patient has active status order on file	Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed
Patient has active outpatient status order on file () Admit to Inpatient () Outpatient observation services under general supervision () Outpatient in a bed - extended recovery () Transfer patient () Return to previous bed Admission (Single Response) Patient has active status order on file () Admit to inpatient	Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed
Patient has active outpatient status order on file () Admit to Inpatient () Outpatient observation services under general supervision () Outpatient in a bed - extended recovery () Transfer patient () Return to previous bed Admission (Single Response) Patient has active status order on file () Admit to inpatient () Transfer patient	Routine, Hospital Performed Routine, Hospital Performed
Patient has active outpatient status order on file () Admit to Inpatient () Outpatient observation services under general supervision () Outpatient in a bed - extended recovery () Transfer patient () Return to previous bed Admission (Single Response) Patient has active status order on file () Admit to inpatient	Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed Routine, Hospital Performed
Patient has active outpatient status order on file () Admit to Inpatient () Outpatient observation services under general supervision () Outpatient in a bed - extended recovery () Transfer patient () Return to previous bed Admission (Single Response) Patient has active status order on file () Admit to inpatient () Transfer patient	Routine, Hospital Performed

Transfer patient	Routine, Hospital Performed	
Return to previous bed	Routine, Hospital Performed	
ode Status		
@CERMSG(674511:)@		
Code Status (Single Response)		
DNR and Modified Code orders should be place	d by the responsible physician.	
() Full code	Routine, Hospital Performed	
() DNR (Do Not Resuscitate) (Selection Require		
DNR (Do Not Resuscitate)	Routine, Hospital Performed	
[] Consult to Palliative Care Service [] Consult to Palliative Care Service	Douting Hagnital Derformed	
[] Consult to Social Work	Routine, Hospital Performed Routine, Hospital Performed	
() Modified Code	Routine, Hospital Performed	
Treatment Restrictions ((For use when a patient		
in a cardiopulmonary arrest))		
olation		
Airborne isolation status		
[] Airborne isolation status	Routine, Hospital Performed	
[] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Routine, Unit Collect	
Contact isolation status	Routine, Hospital Performed	
Droplet isolation status	Routine, Hospital Performed	
Enteric isolation status	Routine, Hospital Performed	
ecautions		
Aspiration precautions	Routine, Hospital Performed	
Fall precautions	Routine, Hospital Performed	
Latex precautions	Routine, Hospital Performed	
Seizure precautions	Routine, Hospital Performed	
ursing		
tivity		
Turn patient	Routine, Hospital Performed	
Up in chair	Routine, Hospital Performed	
Ambulate with assistance	Routine, Hospital Performed	
tal Signs		
Vital signs - T/P/R/BP	Routine, Hospital Performed	
Vital signs - T/P/R/BP	Routine, Hospital Performed	
Irsing Care		
Height and weight	Routine, Hospital Performed	
Intake and output	Routine, Hospital Performed	
Remove Foley catheter	Routine, Hospital Performed	
Saline lock IV	Routine, Hospital Performed	
ain/Incision Care		
Drain care	Routine, Hospital Performed	
Surgical/incision site care	Routine, Hospital Performed	
1 Provide equipment / supplies at hedeide	Pouting, Hospital Porformed	

Routine, Hospital Performed

[] [] Provide equipment / supplies at bedside

Noti	fy
------	----

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

Diet

[X] Diet- Clear liquids advance as tolerated to Regular	Routine, Hospital Performed
[] Diet - Regular advance as tolerated	Routine, Hospital Performed
[] NPO	Routine, Hospital Performed

IV Fluids

IV Fluids (Single Response)

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

Medications

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

() ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
() ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
() metronidazole (FLAGYL) IV	500 mg, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
() 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)

() ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
() ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
() metronidazole (FLAGYL) IV	500 mg, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
() cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
PACU Medications	
[] labetalol (TRANDATE) injection	5 mg, intravenous, every 5 min PRN, high blood pressure, systolic blood pressure GREATER than 200 mm Hg or

	systolic blood pressure GREATER than 200 mm Hg or diastolic blood pressure GREATER than 105 mm Hg while in PACU, For 3 Doses, PACU
[] promethazine (PHENERGAN) IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU While in PACU
[] 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:
[] ondansetron (ZOFRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, PACU While in PACU.

Antiemetics - HMH, HMSJ, HMW, HMSTC Only

X] ondansetron (ZOFRAN) IV or Oral (Selection Red	guired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset o
	action is required.
X]_promethazine (PHENERGAN) IV or Oral or Recta	
[X] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerat oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiemetics - HMSTJ Only	
X] ondansetron (ZOFRAN) IV or Oral (Selection Red	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
X] promethazine (PHENERGAN) IVPB or Oral or Re	ectal "Or" Linked Panel
[X] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerat oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiemetics - HMSL, HMWB Only	
X] ondansetron (ZOFRAN) IV or Oral (Selection Red	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
X] promethazine (PHENERGAN) IV or Oral or Recta	
[X] promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerat oral medication.
	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op

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

[] acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours scheduled, Post-op Use if patient can tolerate oral tablet.
[] acetaminophen (TYLENOL) liquid	500 mg, oral, every 6 hours scheduled, Post-op
) acetaminophen (TYLENOL) 650 mg tablet or li	
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours scheduled, Post-op
	Use if patient can tolerate oral tablet.
[] acetaminophen (TYLENOL) liquid	650 mg, oral, every 6 hours scheduled, Post-op
) NSAIDS: For Patients LESS than 65 years old	
Response)	(
() ibuprofen (ADVIL, MOTRIN) tablet or oral su	Ispension "Or" Linked Panel
[] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours scheduled, Post-op
[]	Not recommended for patients with eGFR LESS than 30 mL/min or
	acute kidney injury. Give if patient is able to tolerate oral medication.
[] ibuprofen (MOTRIN) 100 mg/5 mL	600 mg, oral, every 6 hours scheduled, Post-op
suspension	Not recommended for patients with eGFR LESS than 30 mL/min or
•	acute kidney injury.
() naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily, Post-op
() celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily, Post-op
() ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours scheduled, Post-op
	For patients LESS THAN 65 years old. Not recommended for patients
	with eGFR LESS than 30 mL/min or acute kidney injury.
) NSAIDS: For Patients GREATER than or EQU	
years old (Single Response)	
() ibuprofen (ADVIL, MOTRIN) tablet or oral su	Ispension "Or" Linked Panel
[] ibuprofen (ADVIL, MOTRIN) tablet of oral sc [] 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.
[] ihunrafan (MOTDIN) 100 mg/5 ml	
[] ibuprofen (MOTRIN) 100 mg/5 mL	600 mg, oral, every 6 hours scheduled, Post-op
suspension	Not recommended for patients with eGFR LESS than 30 mL/min or
	acute kidney injury.
	Use if patient cannot swallow tablet.
() naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily, Post-op
() celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily, Post-op
() ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours scheduled, Post-op
PRN Pain Medications	
] PRN Medications for Mild Pain (Pain Score 1-3	
Patients LESS than 65 years old (Single Respo	
Do not order both scheduled and PRN NSAIDs	APAP simultaneously.
 acetaminophen (TYLENOL) tablet OR oral s OR rectal suppository 	suspension "Or" Linked Panel
Maximum of 4 grams of acetaminophen per	day from all sources. (Cirrhosis patients maximum: 2 grams per day from a
sources)	
,	
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
	Give if patient able to swallow tablet.
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
[]	Use if patient cannot tolerate oral tablet.
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, mild pain (score 1-3), Post-op
	Use if patient cannot tolerate oral tablet OR oral solution.
() ibuprofen (ADVIL, MOTRIN) tablet or oral su	
	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
[] ibuprofen (ADVIL, MOTRIN) tablet	
	Give if patient is able to tolerate oral medication.
[] ibuprofen (MOTRIN) 100 mg/5 mL	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
suspension	Use if patient cannot swallow tablet.
() naproxen (NAPROSYN) tablet	250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op
() celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily PRN, mild pain (score 1-3), Post-op
() ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3), Post-op
	Give if patient unable to swallow tablet.

[] PRN Medications for Mild Pain (Pain Score 1-3):	
Patients GREATER than or EQUAL to 65 years ((Single Response)	old
Do not order both scheduled and PRN NSAIDs/A	APAP simultaneously.
() acetaminophen (TYLENOL) tablet OR oral su	spension "Or" Linked Panel
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot tolerate oral tablet.
() ibuprofen (ADVIL, MOTRIN) tablet or oral sus	
[] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication.
 ibuprofen (MOTRIN) 100 mg/5 mL suspension 	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet.
() acetaminophen-codeine (TYLENOL #3) tablet	
[] acetaminophen-codeine (TYLENOL WITH	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
CODEINE #3) 300-30 mg per tablet	Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet.
	The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
() ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient able to swallow tablet
 PRN Oral Medications for Moderate Pain (Pain S 6): For Patients LESS than 65 years old (Single Response) 	Score 4-
() acetaminophen-codeine (TYLENOL #3) tablet	
[] acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
	The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
 acetaminophen-codeine 300 mg-30 mg /12.5 mL solution 	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
	The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
 HYDROcodone-acetaminophen 5/325 (NORC OR elixir 	CO) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per da sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
 [] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution 	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
 () oxyCODONE (ROXICODONE) immediate release tablet 	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Tablets may be crushed. Give if patient able to swallow tablet
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Max daily dose 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
 PRN Oral Medications for Moderate Pain (Pain S 6): For Patients GREATER than or EQUAL to 65 old (Single Response) 	
() acetaminophen-codeine (TYLENOL #3) tablet	OR elixir "Or" Linked Panel
[] acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication.
	The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
rinted on 6/5/2023 at 9:40 AM from SUP	Page 14 of 32

[] 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/I
() HYDROcodone-acetaminophen 5/325 (NORC OR elixir	
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
 () oxyCODONE (ROXICODONE) immediate release tablet 	2.5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Tablets may be crushed. Give if patient able to swallow tablet
() traMADoL (ULTRAM) tablet	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
PRN IV Medications for Moderate Pain (Pain Sc For Patients LESS than 65 years old if unable to Oral Pain Medication. (Single Response)	
	cts in patients with renal dysfunction, particularly in ESRD, is not tilized.
() 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)	20 ml /min
Do NOT use in patients with eGFR LESS thar WARNING: Use is contraindicated for treatme (CABG) surgery.	ent of perioperative pain OR in the setting of coronary artery bypass graft
 For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND 	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), Post-op
eGFR at least 60 mL/min - ketorolac (TORADOL) injection	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 Sc For Patients GREATER than or EQUAL to 65 ye unable to tolerate Oral Pain Medication. (Single Response)	
Due to risk of toxicity, the use of morphine produce recommended. An alternative opioid should be used	cts in patients with renal dysfunction, particularly in ESRD, is not tilized. (adjust dose for renal/liver function and age)
() morPHINE injection	1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post- op Give if patient is NPO, unable to swallow oral medication, or if pain
	unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	0.25 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain
	unrelieved 60 minutes after giving oral pain medications
DDN Ovel Medicefiere fer Certere Dein (Dein Cer	
PRN Oral Medications for Severe Pain (Pain Sco 10): For Patients LESS than 65 years old (Single	

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 (NOR OR elixir 	CO) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per da sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
 [] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet 	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
() morPHINE immediate-release tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet
() oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet
PRN Oral Medications for Severe Pain (Pain Sco 10): For Patients GREATER than or EQUAL to 6 old (Single Response)	
	cts in patients with renal dysfunction, particularly in ESRD, is not tilized.
() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Oral tablets may be crushed. Give if patient able to swallow tablet
() morPHINE immediate-release tablet	7.5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Oral tablets may be crushed. Give if patient able to swallow tablets.
 HYDROcodone-acetaminophen 7.5/325 (NOF OR elixir 	RCO) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per da sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
 [] HYDROcodone-acetaminophen (NORCO) 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 (NOR OR elixir	
Maximum of 4 grams of acetaminophen per da sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
 [] HYDROcodone-acetaminophen (NORCO) 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 For Patients LESS than 65 years old if unable to Oral Pain Medication. (Single Response)	
Due to risk of toxicity, the use of morphine produ recommended. An alternative opioid should be u	cts in patients with renal dysfunction, particularly in ESRD, is not tilized.
() 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

() morPHINE injection	4 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-o Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post op
	Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
PRN IV Medications for Severe Pain (Pain Scor For Patients GREATER than or EQUAL to 65 ye unable to tolerate Oral Pain Medication. (Single Response)	ears old if
Due to risk of toxicity, the use of morphine produced recommended. An alternative opioid should be used as the second structure opioid str	ucts in patients with renal dysfunction, particularly in ESRD, is not utilized.
() fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10),
() ····································	Post-op
	Give if patient is NPO, unable to swallow oral medication, or if pain 60
() morPHINE injection	minutes after giving oral pain medications. 2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-o
	Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	0.25 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Po
	op
	Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
TE	
/T Risk and Prophylaxis Tool (Single Respons	
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 therape anticoagulant or VTE prophylaxis with Risk Stra	
(Single Response) (Selection Required)	
 Moderate Risk - Patient currently has an activ therapeutic anticoagulant or VTE prophylaxis Required) 	
[] Moderate risk of VTE	Routine, Normal
1 Potiont ourrontly has an active order for	
[] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Normal
therapeutic anticoagulant or VTE prophylaxis	Routine, Normal
therapeutic anticoagulant or VTE	Routine, Normal e Response)
therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single	Routine, Normal
therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous	Routine, Normal e Response) Routine, Normal Routine, Hospital Performed
 therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an activ therapeutic anticoagulant or VTE prophylaxis 	Routine, Normal e Response) Routine, Normal Routine, Hospital Performed ve order for
 therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active 	Routine, Normal e Response) Routine, Normal Routine, Hospital Performed ve order for
 therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an activ therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE 	Routine, Normal e Response) Routine, Normal Routine, Hospital Performed ve order for s (Selection
 therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Singlet () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Normal e Response) Routine, Normal Routine, Hospital Performed ve order for (Selection Routine, Normal Routine, Normal
 therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an activ therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE 	Routine, Normal e Response) Routine, Normal Routine, Hospital Performed ve order for (Selection Routine, Normal Routine, Normal

 High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection 		
Required)		
[] High risk of VTERoutine, Normal[] Patient currently has an active order forRoutine, Normal		
therapeutic anticoagulant or VTE		
prophylaxis		
[] Place sequential compression device (Single Response)		
() Contraindications exist for mechanical Routine, Normal prophylaxis		
() Place/Maintain sequential compression Routine, Hospital device continuous	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 Routine, Normal		
therapeutic anticoagulant or VTE prophylaxis		
[] Place sequential compression device (Single Response)		
() Contraindications exist for mechanical Routine, Normal		
prophylaxis		
() Place/Maintain sequential compression Routine, Hospital device continuous	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 prophylaxi	s is optional unless pharmacologic is	
contraindicated.		
One or more of the following medical conditions:	veriages voins concer consis chesity providus	
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, v stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers,		
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 Denel	
BUT order Sequential compression device	" Linked Panel	
[] Contraindications exist for pharmacologic Routine, Normal prophylaxis		
[] Place/Maintain sequential compression Routine, Hospital	Performed	
device continuous		
() Contraindications exist for pharmacologic prophylaxis "And AND mechanical prophylaxis	" Linked Panel	
[] Contraindications exist for pharmacologic Routine, Normal prophylaxis		

[] Contraindications exist for mechanical prophylaxis	Routine, Normal
() enoxaparin (LOVENOX) injection (Single F (Selection Required)	(esponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or E doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 h GREATER THAN or EQUAL to 140kg eno	ours
() For CrCl LESS than 30mL/min - enoxapa subcutaneous Daily at 1700	rin (LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 3 enoxaparin (LOVENOX) subcutaneous	<u> </u>
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin- Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU 8 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) Required)	Selection
() Contraindications exist for mechanical prophylaxis	Routine, Normal
() Place/Maintain sequential compression device continuous	Routine, Hospital Performed

Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. M	lechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hou	Irs
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 - I	Non-

 [] Moderate Risk Pharmacological Prophylaxis - N Surgical Patient (Single Response) (Selection R 	
 Contraindications exist for pharmacologic prop Order Sequential compression device 	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Normal
[] Place/Maintain sequential compression device continuous	Routine, Hospital Performed
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	
 [] Contraindications exist for pharmacologic prophylaxis 	Routine, Normal
[] Contraindications exist for mechanical prophylaxis	Routine, Normal
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	oonse)
Patient renal status: @CRCL@	
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa	arin 40mg every 12 hours
100 to 139kg enoxaparin 30mg every 12 hours	arin 40mg every 12 hours
100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa () For CrCI LESS than 30mL/min - enoxaparin (arin 40mg every 12 hours
 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin () For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 m 	arin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):
 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa () For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous 	arin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): nL/min -
 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin () For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 m 	arin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous
 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa () For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous 	arin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin- Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa () For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection 	arin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin- Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa () For CrCI LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCI GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection 	arin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): nL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin- Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

() warfarin (COUMADIN) tablet oral, daily at 1700, PACU & Post-op. () Pharmacy consult to manage warfarin STAT, Hospital Performed () CoutMADIN) Idechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis (Single Response) (Selection Required) Routine, Normal prophylaxis (Selection Required) (1) Ploce/Maintain sequential compression Routine, Hospital Performed (2) 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: Thrombophila (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deliciency, thyperhomocysteinemi, myeloproliferative disorders) Severe fracture of hin, pelvis or leg Acute spinal cord injury with paresis Multiple major faurumas Abdominal or pelvic surgery for CANCER Acute spinal cord injury with paresis Multiple major faurumas Abdominal or pelvic surgery for CANCER Routine, Normal () High Risk Selection Required) () () High Risk Collection Required) () () High Risk (Selection Required) () <tr< th=""><th>() heparin (porcine) injection - For Patients with weight GREATER than 100 kg</th><th>7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.</th></tr<>	() 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.
(COUMADIN) (COUNTADIN) (Detrianidications exist for mechanical Routine, Normal prophylaxis () Contraindications exist for mechanical Routine, Hospital Performed device continuous () 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: Thrombophila (Factor V Leiden, prothornbin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency, hyperhomocystelemenia, myeloproliferative disorders) Severe fracture of hip, polivis or log Acute spin alcord injury with parests Multiple major traumas Abdominal cord injury with parests Multiple major traumas Abdominal or pelvix surgery for CANCER Acute schernic stroke History of PE [] High Risk (Selection Required) [] Home Septimes with for pharmacological Prophylaxis - Surgical Patient [Single Response) (Selection Required) [] High Risk (Selection Required) [] Home Septimes with for pharmacological Prophylaxis () encxaparin (LOVENOX) injection (Single Response) [Selection Required) [] Protornal Settimes [] Protornal Setima Settimes [] Protornal Settimes [] Protor		oral, daily at 1700, PACU & Post-op
Required) Required) () Contraindications exist for mechanical prophylaxis Routine, Normal prophylaxis () Place/Maintain sequential compression Both pharmacological (Selection Required) High Risk Definition Selection Required) High Risk Definition Selection Required) Both pharmacological Prophylaxis must be addressed. One or more of the following medical conditions: Thrombophila (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency, Hyperhomocystelinemia, mysloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spined cord injuy with paresis Audion provide cord injuy with paresis Audion of pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] [] High Risk (Selection Required) [] [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Respones) (Selection Required) [] [] High Risk Pharmacological Prophylaxis - Surgical Patient (Selection Required) [] [] High Risk Colling Respones) [] [] High Risk Rhemancologic prophylaxis [] [] Patient renal status: @CRCLQ@ [] <td></td> <td>STAT, Hospital Performed</td>		STAT, Hospital Performed
() Contraindications exist for mechanical prophylaxis Routine, Normal prophylaxis () Place/Maintain sequential compression device continuous Routine, Hospital Performed device continuous () 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, pelvisor leg Acute spinal cord njury with paresis Multiple major traumas Addominal or peivic surgery for CANCER Acute sichen Stroke History of PE [] High Risk (Selection Required) Routine, Normal [] High Risk (Selection Required) <td></td> <td>ection</td>		ection
device continuous () 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: Thrombophila (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein 5 deficiency, hyperhomocystelinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major fraumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk (Selection Required) [] High Risk of VTE Routine, Normal [] High Risk of VTE Routine, Normal [] High Risk of VTE [] High Risk of VE [] Hi	() Contraindications exist for mechanical	Routine, Normal
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophila (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein 5 deficiency, hyperhomocysteinemia, myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord hipy with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute sink Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) [] High Risk (Selection Required) () Contraindication sexist for pharmacologic () contraindication sexist for pharmacologic Routine, Normal () contraindication sexist for pharmacologic Routine, Normal prophylaxis () contraindication 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 deily 100 to 139kg enoxaparin 40mg deily 100 to 139kg enoxaparin 40mg deily 100 to 139kg enoxaparin 100mg every 12 hours () For CrCl IGEATER than or EQUA		Routine, Hospital Performed
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 schemic stroke History of PE I High Risk (Selection Required) I High Risk (Selection Required) Contraindications exist for pharmacologic Response) (Celection Required) (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 10 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours (I) For CrCl ICESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous [I] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700 [I] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700 [I] enoxaparin (LOVENOX) injection	() HIGH Risk of DVT - Surgical (Selection Required)	
History of PE Iistory of PE Iigh Risk (Selection Required) Iigh Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) (O contraindications exist for pharmacologic Routine, Normal prophylaxis (I) enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCI 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 (I) For CrCI LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 [I] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700 [I] enoxaparin (LOVENOX) injection subcutaneous [I] enoxaparin (LOVENOX) injection	Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; my Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High risk of VTE Routine, Normal [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) () () Contraindications exist for pharmacologic Routine, Normal prophylaxis () encxaparin (LOVENOX) injection (Single Response) (Selection Required) (Selection Required) Patient renal status: @CRCL@ For patients with CrCI 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 CrCI LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700 Indication(s): () For CrCI GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700 Indication(s): () For CrCI GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700 Indication(s): () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily starting S+1 If the patient does not have a history or suspected case of Heparin- Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):	History of PE	
[] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () 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) injection 30 mg, subcutaneous, daily at 1700 Indication(s): () For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700 Indication(s): () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin- Induced Thrombocytopenia (HIT): () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or or suspected case of Heparin- Induced Thrombocytopenia (HIT):		
(Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis Routine, Normal prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ 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 GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours () For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 30 mg, subcutaneous, daily at 1700 [] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700 [] enoxaparin (LOVENOX) subcutaneous subcutaneous [] enoxaparin (LOVENOX) injection subcutaneous [] enoxaparin (LOVENOX) injection 2.5 mg, subcutaneous, daily, Starting S+1 () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1 [] 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 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (
() Contraindications exist for pharmacologic prophylaxis Routine, Normal prophylaxis () 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 30 mg, subcutaneous, daily at 1700 [] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700 [] enoxaparin (LOVENOX) subcutaneous Indication(s): () for CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous subcutaneous [] enoxaparin (LOVENOX) injection 30 mg, subcutaneous laily at 1700 [] enoxaparin (LOVENOX) injection subcutaneous [] enoxaparin (LOVENOX) injection 1ndication(s): () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous daily, Starting S+1 [] ft 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 30 mL/min.		al Patient
() 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 enoxaparin (LOVENOX) subcutaneous () For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () for drcl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () 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 CrC LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):	() Contraindications exist for pharmacologic	Routine, Normal
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 [] enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection subcutaneous [] of ndaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1 [] for batient 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):	() enoxaparin (LOVENOX) injection (Single Resp	oonse)
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 CrCI LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700 [] enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection subcutaneous [] enoxaparin (LOVENOX) injection subcutaneous [] enoxaparin (LOVENOX) injection 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):	Patient renal status: @CRCL@	
subcutaneous Daily at 1700 30 mg, subcutaneous, daily at 1700 [] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700 () For CrCl GREATER than or EQUAL TO 30 mL/min -	doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours	3
Indication(s): () For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection subcutaneous Indication(s): () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin- Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):		LOVENOX)
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection subcutaneous Indication(s): () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin- Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):	[] enoxaparin (LOVENOX) injection	
Indication(s): () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):		ıL/min -
If the patient does not have a history or suspected case of Heparin- Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):	[] enoxaparin (LOVENOX) injection	Indication(s):
	() fondaparinux (ARIXTRA) injection	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
	() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

() heparin (porcine) injection (Recommended	
	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
 heparin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Hospital Performed
(COUMADIN)	
[] Mechanical Prophylaxis (Single Response) (S	Selection
Required)	Douting Normal
 Contraindications exist for mechanical prophylaxis 	Routine, Normal
() Place/Maintain sequential compression	Routine, Hospital Performed
device continuous	
HIGH Risk of DVT - Non-Surgical (Selection Rec	quired)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxi	
One or more of the following medical conditions:	
or protein S deficiency; hyperhomocysteinemia;	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Normal
[] High Risk Pharmacological Prophylaxis - Non-	
Patient (Single Response) (Selection Require	d)
() Contraindications exist for pharmacologic	Routine, Normal
() Contraindications exist for pharmacologic prophylaxis	Routine, Normal
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re 	Routine, Normal
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) 	Routine, Normal
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re 	Routine, Normal
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ 	Routine, Normal sponse)
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: 	Routine, Normal sponse)
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose 	Routine, Normal sponse)
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxaparin 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxaparin () For CrCl LESS than 30mL/min - enoxaparin 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxaparin () For CrCl LESS than 30mL/min - enoxaparin 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection 	Routine, Normal ssponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) injection 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.

() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
 heparin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical prophylaxis	Routine, Normal
() Place/Maintain sequential compression device continuous	Routine, Hospital Performed
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	n
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	iyeioproliterative disorders)
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER Acute ischemic stroke	
History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Normal
[] High Risk Pharmacological Prophylaxis - Hip or	r Knee
(Arthroplasty) Surgical Patient (Single Respons (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Normal
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection R	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
 Pharmacy consult to monitor apixaban (ELIQUIS) therapy 	STAT, Hospital Performed
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
Patient renal status: @CRCL@	
doses by weight:	JAL to 30mL/min, enoxaparin orders will apply the following recommended
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hour	
GREATER THAN or EQUAL to 140kg enoxap	
GREATER THAN or EQUAL to 140kg enoxap	parin 40mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxap	parin 40mg every 12 hours

(

[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin- Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() Rivaroxaban and Pharmacy Consult (Selection	For patients with weight GREATER than 100 kg.
Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Hospital Performed
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed
 [] Mechanical Prophylaxis (Single Response) (Sele Required) 	ection
() Contraindications exist for mechanical prophylaxis	Routine, Normal
() Place/Maintain sequential compression device continuous	Routine, Hospital Performed
T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK 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 Stratific (Single Response) (Selection Required)	ation
 Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Se Required) 	election
[] Moderate risk of VTE	Routine, Normal Routine, Normal
 Patient currently has an active order for therapeutic anticoagulant or VTE 	
therapeutic anticoagulant or VTE prophylaxis	esponse)
therapeutic anticoagulant or VTE	esponse) Routine, Normal

 Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection
[] Moderate risk of VTE Routine, Normal [] Patient currently has an active order for Routine, Normal
[] Patient currently has an active order for Routine, Normal therapeutic anticoagulant or VTE prophylaxis
[] Place sequential compression device (Single Response)
() Contraindications exist for mechanical Routine, Normal prophylaxis
() Place/Maintain sequential compression Routine, Hospital Performed device continuous
() High Risk - Patient currently has an active order for
therapeutic anticoagulant or VTE prophylaxis (Selection
Required) [] High risk of VTE Routine, Normal
[] Patient currently has an active order for Routine, Normal
therapeutic anticoagulant or VTE prophylaxis
[] Place sequential compression device (Single Response)
() Contraindications exist for mechanical Routine, Normal prophylaxis
() Place/Maintain sequential compression Routine, Hospital Performed device continuous
() High Risk - Patient currently has an active order for
therapeutic anticoagulant or VTE prophylaxis (Selection Required)
[] High risk of VTE Routine, Normal
[] Patient currently has an active order for Routine, Normal
therapeutic anticoagulant or VTE prophylaxis
[] Place sequential compression device (Single Response)
() Contraindications exist for mechanical Routine, Normal prophylaxis
() Place/Maintain sequential compression Routine, Hospital Performed device continuous
() LOW Risk of DVT (Selection Required)
Low Risk Definition
Age less than 60 years and NO other VTE risk factors
[] Low Risk (Single Response) (Selection Required)
() Low risk of VTE Routine, Normal
() MODERATE Risk of DVT - Surgical (Selection Required)
Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous
stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above
Central line
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission
[] Moderate Risk (Selection Required)

] Moderate Risk Pharmacological Prophylaxis - S	
Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prop 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 prop AND mechanical prophylaxis	ohylaxis "And" Linked Panel
 Contraindications exist for pharmacologic prophylaxis 	Routine, Normal
[] Contraindications exist for mechanical prophylaxis	Routine, Normal
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
Patient renal status: @CRCL@	
doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin- Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Hospital Performed
 Mechanical Prophylaxis (Single Response) (Se Required) 	
 Contraindications exist for mechanical prophylaxis 	Routine, Normal
() Place/Maintain sequential compression device continuous	Routine, Hospital Performed
MODERATE Risk of DVT - Non-Surgical (Selectio	

(

Moderate Risk Definition	
	echanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
•	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous
· · · · · · · · · · · · · · · · · · ·	leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hours	S
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 - N	on-

Surgical Patient (Single Response) (Selection F () Contraindications exist for pharmacologic prop	(equiled)
Order Sequential compression device	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Normal
[] Place/Maintain sequential compression device continuous	Routine, Hospital Performed
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	· ·
[] Contraindications exist for pharmacologic prophylaxis	Routine, Normal
[] Contraindications exist for mechanical prophylaxis	Routine, Normal
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
Patient renal status: @CRCL@	
100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin	
 For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 enoxaparin (LOVENOX) injection 	(LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):
 () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 m 	(LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):
 () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous 	(LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -
 () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 m 	(LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):
 () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 menoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection 	(LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin- Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
 () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection 	(LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin- Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced
 () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 menoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection 	(LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin- Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical prophylaxis	Routine, Normal
() Place/Maintain sequential compression device continuous	Routine, Hospital Performed
() HIGH Risk of DVT - Surgical (Selection Required)	
or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Acute ischemic stroke History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Normal
[] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	
 () Contraindications exist for pharmacologic prophylaxis 	Routine, Normal
 enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	ponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
() heparin (porcine) injection	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

() heparin (porcine) injection (Recommended	
	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
 heparin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Hospital Performed
(COUMADIN)	
[] Mechanical Prophylaxis (Single Response) (S	Selection
Required)	Douting Normal
 Contraindications exist for mechanical prophylaxis 	Routine, Normal
() Place/Maintain sequential compression	Routine, Hospital Performed
device continuous	
HIGH Risk of DVT - Non-Surgical (Selection Rec	quired)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxi	
One or more of the following medical conditions:	
or protein S deficiency; hyperhomocysteinemia;	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Normal
[] High Risk Pharmacological Prophylaxis - Non-	
Patient (Single Response) (Selection Require	d)
() Contraindications exist for pharmacologic	Routine, Normal
() Contraindications exist for pharmacologic prophylaxis	Routine, Normal
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re 	Routine, Normal
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) 	Routine, Normal
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re 	Routine, Normal
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC 	Routine, Normal sponse)
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: 	Routine, Normal sponse)
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose 	Routine, Normal sponse)
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxaparin 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxaparin () For CrCl LESS than 30mL/min - enoxaparin 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxaparin () For CrCl LESS than 30mL/min - enoxaparin 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) injection 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection [] enoxaparin (LOVENOX) injection 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) injection 	Routine, Normal ssponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection 	Routine, Normal sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended urs aparin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.

() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
 heparin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Hospital Performed
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical prophylaxis	Routine, Normal
 Place/Maintain sequential compression device continuous 	Routine, Hospital Performed
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	n
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed
	must be addressed.
One or more of the following medical conditions:	ant mutational antioardialinin antibady avadrama: antithromhin, protain C
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	iyeloproliterative 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	
y	
[] High Risk (Selection Required)	
	Doutino Normal
[] High risk of VTE	Routine, Normal
[] High Risk Pharmacological Prophylaxis - Hip or	
(Arthroplasty) Surgical Patient (Single Respons (Selection Required)	e)
 Contraindications exist for pharmacologic prophylaxis 	Routine, Normal
() aspirin chewable tablet	
	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	
 () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection R 	162 mg, oral, daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection R	162 mg, oral, daily, Starting S+1, PACU & Post-op equired)
	162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection R [] apixaban (ELIQUIS) tablet	 162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
() Apixaban and Pharmacy Consult (Selection R	162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op
 Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban 	 162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Hospital Performed
 Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy 	 162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Hospital Performed
 Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Respy (Selection Required) 	 162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Hospital Performed
 Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response) 	 162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Hospital Performed
 Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ 	162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Hospital Performed ponse)
 Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQL 	 162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Hospital Performed
 Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Respection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: 	162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Hospital Performed ponse)
 Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Respective) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose 	162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Hospital Performed ponse)
 Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Respection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 	162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Hospital Performed ponse) JAL to 30mL/min, enoxaparin orders will apply the following recommended
 Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hourse	162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Hospital Performed ponse) JAL to 30mL/min, enoxaparin orders will apply the following recommended s
 Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Respection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 	162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Hospital Performed ponse) JAL to 30mL/min, enoxaparin orders will apply the following recommended s
 Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hourse	162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Hospital Performed ponse) JAL to 30mL/min, enoxaparin orders will apply the following recommended s
 Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy Pharmacy consult to monitor apixaban (ELIQUIS) therapy Pharmacy consult to monitor apixaban (ELIQUIS) therapy Pharmacy consult to monitor apixaban (ELIQUIS) therapy Pharmacy consult to monitor apixaban (ELIQUIS) therapy Pharmacy consult to monitor apixaban (ELIQUIS) therapy (DVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCI GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hourse 	162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Hospital Performed ponse) JAL to 30mL/min, enoxaparin orders will apply the following recommended s
 Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin () For CrCl LESS than 30mL/min - enoxaparin	162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Hospital Performed ponse) JAL to 30mL/min, enoxaparin orders will apply the following recommended starin 40mg every 12 hours
 Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 	162 mg, oral, daily, Starting S+1, PACU & Post-op equired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Hospital Performed ponse) JAL to 30mL/min, enoxaparin orders will apply the following recommended starin 40mg every 12 hours

(

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

Ancillary Consults

[] Consult to Case Management

[] Consult to Social Work

Routine, Hospital Performed Routine, Hospital Performed

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

Additional Orders