Spinal Nerve Root Decompression Post-Op [1818]

Common Present on Admission Diagnosis Acidosis	
	Post-op
] Acute Post-Hemorrhagic Anemia	Post-op
Acute Renal Failure	Post-op
Acute Respiratory Failure	Post-op
Acute Thromboembolism of Deep Veins of Lower	Post-op
Extremities	D. d
] Anemia	Post-op
Bacteremia	Post-op
Bipolar disorder, unspecified	Post-op
Cardiac Arrest	Post-op
Cardiac Dysrhythmia	Post-op
Cardiogenic Shock	Post-op
Decubitus Ulcer	Post-op
Dementia in Conditions Classified Elsewhere	Post-op
Disorder of Liver	Post-op
Electrolyte and Fluid Disorder	Post-op
Intestinal Infection due to Clostridium Difficile	Post-op
Methicillin Resistant Staphylococcus Aureus Infection	Post-op
Obstructive Chronic Bronchitis with Exacerbation	Post-op
Other Alteration of Consciousness	Post-op
Other and Unspecified Coagulation Defects	Post-op
Other Pulmonary Embolism and Infarction	Post-op
Phlebitis and Thrombophlebitis	Post-op
Protein-calorie Malnutrition	Post-op
Psychosis, unspecified psychosis type	Post-op
] Schizophrenia Disorder	Post-op
] Sepsis	Post-op
] Septic Shock	Post-op
] Septicemia	Post-op
Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
Urinary Tract Infection, Site Not Specified	Post-op
lective Outpatient, Observation, or Admission (Single Re	senonse)
) Elective outpatient procedure: Discharge following	Routine, Continuous, PACU & Post-op
routine recovery	Noutine, Continuous, i ACC & i Ost-op
) Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
	PACU & Post-op
) Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
\ Admit to Incations	PACU & Post-op
) Admit to Inpatient	Admitting Physician:
	Level of Care: Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgmer
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital

Patient has active outpatient status order on file	
() Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
() Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Admission (Single Response) Patient has active status order on file	
() Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file	Routine, Until discontinued, Starting S, Scheduling/ADT
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Code Status (Single Response)	
() Full code	Code Status decision reached by: Post-op
() DNR (Do Not Resuscitate) (Selection Required)	·
[] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Post-op
[] Consult to Palliative Care Service	

[] Consult to Palliative Care Service	Priority: Reasor Order?	for Consult?
	Name o	of referring provider: all back number:
[] Consult to Social Work	Reason	for Consult:
() Modified Code	Post-op	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: Post-op
() Treatment Restrictions ((For use when a patient i in a cardiopulmonary arrest))	s NOT	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op
Isolation		
Airborne isolation status	Details	
 Airborne isolation status Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. 		outum, Post-op
[] Contact isolation status		Details
Droplet isolation status		Details
[] Enteric isolation status		Details
Precautions		
[] Aspiration precautions		PACU & Post-op
[X] Fall precautions		Increased observation level needed:
[] Latex precautions		PACU & Post-op PACU & Post-op
Seizure precautions		Increased observation level needed:
[] Spinal precautions		PACU & Post-op PACU & Post-op
[] Opinal precautions		1 AOO & 1 031-0p
Nursing		
Vital Signs (Single Response)		
(X) Vital signs - T/P/R/BP		Routine, Every hour Until stable, then every 2 hours until A.M., then routine, PACU & Post-op
Activity (Selection Required)		
[] Out of bed with assistance		Routine, Until discontinued, Starting S Specify: Out of bed,Up with assistance Walk in hallways 1-2 times as soon as patient is able, PACU & Post-op
[] Strict bed rest		Routine, Until discontinued, Starting S, PACU & Post-op
[] Up ad lib		Routine, Until discontinued, Starting S Specify: Up ad lib PACU & Post-op
[] All meals out of bed		Routine, Until discontinued, Starting S, PACU & Post-op
Elevate Head of bed 30 degrees		Routine, Until discontinued, Starting S Head of bed: 30 degrees PACU & Post-op

[] Head of bed flat	Routine, Until discontinued, Starting S Head of bed: flat PACU & Post-op
Nursing	
[] Straight Cath Once and Notify	
[] Straight cath	Routine, Conditional Frequency If patient unable to void, straight cath once and notify physician., PACU & Post-op
[] Notify Physician if Straight Cath	Routine, Until discontinued, Starting S, PACU & Post-op
[] Straight cath	Routine, Every 6 hours If unable to void after second attempt, insert Foley and call physician., PACU & Post-op
[] Insert/Maintain Foley and Notify	
[] Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: Indication: If unable to void after second attempt at straight cath, insert Foley and cal physician, PACU & Post-op
[] Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain
Notify Physician if unable to void after second attempt at straight cath and Foley inserted	to gravity/bedside drain, PACU & Post-op Routine, Until discontinued, Starting S, PACU & Post-op
[] Surgical/incision site care	Routine, Once Location: Site: Apply: Dressing Type: Open to air? PACU & Post-op
[X] Reinforce dressing	Routine, As needed Reinforce with: If saturated and call physician., PACU & Post-op
[] Soft cervical collar	Routine, Once Type of Collar to Apply: Soft Collar Special Instructions: Obtain from central supply PACU & Post-op
[] Philadelphia collar	Routine, Once Type of Collar to Apply: Philadelphia Collar Special Instructions: Obtain from central supply PACU & Post-op
[] Miami J collar	Routine, Once Type of Collar to Apply: Miami J Collar Special Instructions: Obtain from orthotic provider. PACU & Post-op
[] Call Raborn Orthotics at 713-349-8117 for appli orthotic device	
[] Drain care	Routine, Until discontinued, Starting S Drain 1: Drain 2: Drain 3: Drain 4: All Drains: PACU & Post-op
[] Place antiembolic stockings - Bilateral thigh high	·
[X] No anticoagulants INcluding UNfractionated hep	parin Routine, Until discontinued, Starting S Reason for "No" order: PACU & Post-op

[X] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order: PACU & Post-op
Notify	
[X] Notify Physician if acute change in neurological status	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician bleeding at site	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician of No Bowel Movement for more than 72 hours	Routine, Until discontinued, Starting S, PACU & Post-op
Diet	
[] Diet - Clear liquids (advance as tolerated to Regular)	Diet effective now, Starting S
	Diet(s): Clear Liquids
	Advance Diet as Tolerated? Yes
	Target Diet: Regular
	Advance target diet criteria: Please assess bowel sounds
	between progressions.
	IDDSI Liquid Consistency: Fluid Restriction:
	Fluid Restriction. Foods to Avoid:
	When awake; advance as tolerated, PACU & Post-op
[] Diet - Regular	Diet effective now, Starting S
[] Diet - Negulai	Diet(s): Regular
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Diet - Heart healthy	Diet effective now, Starting S
	Diet(s): Heart Healthy
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[1 Diet 2000 Keel/225 am Carb	PACU & Post-op
[] Diet - 2000 Kcal/225 gm Carb	Diet effective now, Starting S Diet(s): 2000 Kcal/225 gm Carbohydrate
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Diet	Diet effective now, Starting S
	Diet(s):
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid: Foods to Avoid:
	PACU & Post-op
	1 A00 & 1 031-0p
Education	
[X] Patient education - Activity	Routine, Once
	Patient/Family:
	Education for: Activity
DVI Defects I control D	PACU & Post-op
[X] Patient education - Deep breathing and coughing	Routine, Once
exercises	Patient/Family:
	Patient/Family: Education for: Other (specify) Specify: Deep breathing and coughing exercises

[X] Patient education - Incentive spirometry	Routine, Once Patient/Family: Education for: Incentive spirometry PACU & Post-op
[X] Patient education - Pain management	Routine, Once Patient/Family: Education for: Other (specify) Specify: Pain management PACU & Post-op
[] Patient education - Smoking cessation	Routine, Once Patient/Family: Education for: Smoking cessation counseling PACU & Post-op
[X] Patient education - Wound care	Routine, Once Patient/Family: Education for: Other (specify) Specify: Wound care PACU & Post-op
IV Fluids	
IV Fluids (Single Response)	
() lactated Ringer's infusion	intravenous, continuous, Post-op
() sodium chloride 0.9 % infusion	intravenous, continuous, Post-op
() sodium chloride 0.9 % with potassium chloride 20 infusion	0 mEq/L intravenous, continuous, Post-op
() dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO	intravenous, continuous, Post-op Patients
Medications	
Steroids (Single Response)	
() dexamethasone (DECADRON) IV	4 mg, intravenous, every 6 hours scheduled, Post-op
() methylPREDNISolone sodium succinate (Solu-MEDROL) injection	40 mg, intravenous, every 6 hours scheduled, Post-op
() methylPREDNISolone (MEDROL PAK) dose pacin AM)	k (start
THIS A PANEL. DO NOT EDIT.	
[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, before breakfast - one time, For 1 Doses, Post-op
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, after lunch - one time, S at 12:00 PM, For 1 Doses, Post-op
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, after dinner - one time, For 1 Doses, Post-op All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, For 1 Doses, Post-op All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, 3 times daily around food, Starting S+1, For 3 Doses, Post-op
[] methylPREDNISolone (MEDROL) tablet [] methylPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, Starting S+1, For 1 Doses, Post-op 4 mg, oral, 4 times daily tapering, Starting S+2, Post-op
, , , ,	g,,
Medications [1] postoprozolo (PROTONIX) IV or ORAL	"Or" Linked Benel
[] pantoprazole (PROTONIX) IV or ORAL [] pantoprazole (PROTONIX) EC tablet	"Or" Linked Panel 40 mg, oral, daily at 0600, Post-op
L1 contagned (DDOTONING 12	Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily at 0600, Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
Medications - Bowel Management	

[V] polyathylana alycal (MIDALAY) packet	17 g, oral, 2 times daily, Post-op
[X] polyethylene glycol (MIRALAX) packet	17 g, orai, 2 times daily, Post-op
[X] Stool Softener Options (Single Response)	100 mg, aral 2 times daily. Deat an
(X) docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily, Post-op
	2 tablet, oral, nightly, Post-op
(SENOKOT-S) 8.6-50 mg per tablet	
Antibiotica (Single December)	
Antibiotics (Single Response)	
() Antibiotics - Neurosurgery - patients with surgical s	ite
drains	
[] Antibiotics: For Patients LESS than or EQUAL to	o 120 kg
[] cefazolin (ANCEF) IV - until drains removed	1 g, intravenous, every 8 hours
	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
[] cefepime (MAXIPIME) IV	2 g, intravenous, every 12 hours
	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
[] vancomycin 15 mg/kg IV + Pharmacy Consult	Selection
Required)	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses
	On call to cath lab. Transport antibiotics with patient to cath lab and
	administer prior to start of procedure
[1] Dharman, consult to manage various	Reason for Therapy: Surgical Prophylaxis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Surgical Prophylaxis
	Duration of Therapy (Days):
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
	Indication: Implanted Device Prophylaxis
[] Antibiotics: For Patients GREATER than 120 kg	
[] cefazolin (ANCEF) IV - until drains removed	1 g, intravenous, every 8 hours
[] colazonii (/ mrozi / rv anii aranio romovoa	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
[] cefepime (MAXIPIME) IV	2 g, intravenous, every 12 hours
, , ,	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
[] vancomycin 15 mg/kg IV + Pharmacy Consult	Selection
Required)	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses
	On call to cath lab. Transport antibiotics with patient to cath lab and
	administer prior to start of procedure
	Reason for Therapy: Surgical Prophylaxis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
	Reason for Therapy: Surgical Prophylaxis
	Duration of Therapy (Days):
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
() Antibiotics Nouveousens notionts with Old Tours	Indication: Implanted Device Prophylaxis
() Antibiotics - Neurosurgery - patients withOUT surg	ICAI
site drains	100 km
[] Antibiotics: For Patients LESS than or EQUAL to	· · · · · · · · · · · · · · · · · · ·
[] cefazolin (ANCEF) IV - until drains removed	2 g, intravenous, once, For 1 Doses
	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
[] cofonimo (MANIDIME) IV	guidelines for surgical prophylaxis for the stop date/duration
[] cefepime (MAXIPIME) IV	2 g, intravenous, once, For 1 Doses
	Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration

[] vancomycin 15 mg/kg IV + Pharmacy Consul	t (Selection
Required)	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses
	On call to cath lab. Transport antibiotics with patient to cath lab and
	administer prior to start of procedure
	Reason for Therapy: Surgical Prophylaxis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
	Reason for Therapy: Surgical Prophylaxis
	Duration of Therapy (Days):
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
[] Antibiotics, For Potionts CDEATED than 120 k	Indication: Implanted Device Prophylaxis
[] Antibiotics: For Patients GREATER than 120 k	
[] cefazolin (ANCEF) IV - until drains removed	2 g, intravenous, once, For 1 Doses Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
[] cefepime (MAXIPIME) IV	2 g, intravenous, once, For 1 Doses
[] cerepinie (MAXII IME) IV	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
[] vancomycin 15 mg/kg IV + Pharmacy Consul	
Required)	(0000000)
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses
[1	On call to cath lab. Transport antibiotics with patient to cath lab and
	administer prior to start of procedure
	Reason for Therapy: Surgical Prophylaxis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
[] Thamasy concar to manage varicomy circ	Reason for Therapy: Surgical Prophylaxis
	Duration of Therapy (Days):
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
	Indication: Implanted Device Prophylaxis
Antiemetics	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Red	· · · · · · · · · · · · · · · · · · ·
[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.
[] promethazine (PHENERGAN) IV or Oral or Recta	
[] 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.
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate
	oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
	tolerate oral medication.
[] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 m	
days) - For Patients LESS than 65 years old	hours, Post-op
PRN Medications - Bowel Management	
[] magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation, Post-op
[] bisacodyl (DULCOLAX) EC tablet	5 mg, oral, daily PRN, constipation, Post-op
bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op
[] magnesium citrate solution	150 mL, oral, daily PRN, constipation, For 2 Doses, Post-op
-	•

[X] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, Temperature greated than 101 F, Post-op
[] Itching - Neurosurgery medications (Single Responsable Avoid diphenhydramine use in patients over 70 years)	
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
() diphenhydrAMINE (BENADRYL) injection	12.5 mg, intravenous, every 12 hours PRN, itching, Post-op
Muscle Relaxants (Single Response)	
() methocarbamol (ROBAXIN) 500 mg in sodium ch0.9 % 100 mL IVPB	loride 500 mg, intravenous, Administer over: 60 Minutes, every 8 hours PRN, muscle spasms, Post-op
() methocarbamol (ROBAXIN) tablet	500 mg, oral, every 8 hours PRN, muscle spasms, Post-op
() cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 8 hours PRN, muscle spasms, Post-op
Muscle Relaxants - Refractory Treatments (Single Avoid postoperative diazepam? 65 years of age	Response)
() diazepam (VALIUM) injection	2.5 mg, intravenous, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op Indication(s): Other Specify: Muscle Relaxant
() diazepam (VALIUM) tablet	2.5 mg, oral, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op Indication(s): Other Specify: Muscle Relaxant
PRN Medications - Pain - Pain Score (1-3) (Single () acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, mild pain (score 1-3),
() traMADol (ULTRAM) tablet	Post-op 25 mg, oral, every 4 hours PRN, mild pain (score 1-3),
	Post-op Maximum Daily Dose: 200 mg/day Allowance for Patient Preference:
PRN Medications - Pain - Pain Score (4-6) (Single	Response)
() HYDROcodone-acetaminophen (NORCO) 5-325 tablet	mg per 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Allowance for Patient Preference:
() acetaminophen-codeine (TYLENOL #3) 300-30 m tablet	
	The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 1 years of age? Y/N:
() traMADol (ULTRAM) tablet	Allowance for Patient Preference: 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
	Maximum Daily Dose: 200 mg/day Allowance for Patient Preference:
PRN Medications - Pain - Pain Score (7-10) (Single	Response)
() HYDROcodone-acetaminophen (NORCO) 5-325 tablet	Post-op
() acetaminophen-codeine (TYLENOL #3) 300-30 m tablet	Allowance for Patient Preference: 2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 1
	years of age? Y/N: Allowance for Patient Preference:

() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op
	Allowance for Patient Preference:
) morPHINE injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
	Allowance for Patient Preference:
) hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
PCA Medications - Not HMSJ (Single Response)	
) fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders	
[] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL Response)	
() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA solution for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout: 10 Minutes Four Hour Dose Limit: 150 mcg intravenous, continuous
	For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours
	as needed. If pain persists, may increase PCA demand dose by *** mcg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
I.1. Nursing DCA Ordero	Adjust doses for age, renal function or other factors.
[] Nursing PCA Orders [] Vital signs - T/P/R/BP	Pouting Par unit protocol
[] Vital signs - I/P/R/BP	Routine, Per unit protocol
	 Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then
	- Every hour x 2 starting second hour after PCA started, bolus
	administered or dose change; then
	- Every 4 hours until PCA therapy is discontinued.
	- Immediately following PCA administration tubing change
[] PCA Documentation	Routine, Every 12 hours
	At the beginning (or end of each shift), prior to clearing PCA pump data
	the following must be documented: doses delivered, number of attempt
	total amount of medication infused (in mg or mcg), and volume
	remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences
	Patient/Family: Education for: Pain pump
	Provide patient education on appropriate use of PCA including no PCA
	by proxy. Only the patient may press the dosing button.
Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S
	Assess POSS while patient has an active PCA order. Contact provider score 3 or 4.
Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion
[1]yye	discontinued for any reason
	- Inadequate analgesia
	- Prior to administration of any other narcotics, antiemetics, or
	sedatives other than those ordered by the prescriber responsible for IV
	PCA therapy
	- PCA pump discontinued by any service other than the prescribe
[] Stop the DCA pump and call ordering	responsible for IV PCA therapy
[] Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less
physician and/or CERT team for any of the following:	- Severe and/or recent confusion or disorientation
Tollowing.	- POSS sedation level 4: Somnolent and difficult to arouse
	- Sustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting
	- Urinary retention
[] IV Fluids for provision of PCA Therapy (Single Response)	-······, ········
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
• •	·

() dextrose 5% infusion	20 ml /hr introvonous continuous
	30 mL/hr, intravenous, continuous
hydromorPHONE PCA (DILAUDID) 15 mg/30 mL - Nursing PCA Orders	.
[] hydromorPHONE PCA (DILAUDID) 15 mg/30 m	I (Single
Response)	12 (011)910
() hydromorPHONE (DILAUDID) 15 mg/30 mL	Nurse Loading Dose: Not Ordered PCA Dose: 0.2
in sodium chloride 0.9% PCA for Opioid	mg Lockout: 10 Minutes MAX (Four hour dose limit): 3 mg
Naive .	intravenous, continuous
	For breakthrough pain: Administer only if respiratory rate 12 per minute
	or more and POSS level of 2 or less. RN may bolus *** every *** hours
	as needed. If pain persists, may increase PCA demand dose by *** mg
	ONCE. If more than 2 bolus doses in 12 hours or if pain persists after
	increase in demand dose, call ordering prescriber.
	Adjust doses for age, renal function or other factors.
[] Nursing PCA Orders	
[] Vital signs - T/P/R/BP	Routine, Per unit protocol
-	- Initially and every 30 minutes for 1 hour after PCA started, bolus
	administration or dose change; then
	- Every hour x 2 starting second hour after PCA started, bolus
	administered or dose change; then
	- Every 4 hours until PCA therapy is discontinued.
II DCA Decumentation	- Immediately following PCA administration tubing change
[] PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data,
	the following must be documented: doses delivered, number of attempts
	total amount of medication infused (in mg or mcg), and volume
	remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences
	Patient/Family:
	Education for: Pain pump
	Provide patient education on appropriate use of PCA including no PCA
	by proxy. Only the patient may press the dosing button.
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S
	Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4.
[] Notify Dhysician	Routine, Until discontinued, Starting S, - PCA pump infusion
[] Notify Physician	discontinued for any reason
	- Inadequate analgesia
	 Prior to administration of any other narcotics, antiemetics, or
	sedatives other than those ordered by the prescriber responsible for IV
	PCA therapy
	 PCA pump discontinued by any service other than the prescribe
	responsible for IV PCA therapy
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute
	Or less
following:	 Severe and/or recent confusion or disorientation POSS sedation level 4: Somnolent and difficult to arouse
	- Sustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting
	- Urinary retention
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
morPHINE PCA 30 mg/30 mL + Nursing PCA Orde	
[] morPHINE PCA 30 mg/30 mL (Single Response	

the following must be documented: doses delivered, number of attempt total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume). [] Patient education Pain pump Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button. [] Pasero Opioid-induced Sedation Scale Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider score 3 or 4. [] Notify Physician Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy PCA pump discontinued, Starting S, - Respiratory rate 10 per minute or less or less Sustained hypotension of SBP less than 90) Excessive nausea or vomiting IV Fluids for provision of PCA Therapy (Single Response) [] IV Fluids for provision of PCA Therapy (Single Response) A Medications - HMSJ Only (Single Response)		
For breakthrough pain: Administer only ir respiratory rate 12 per minute or more and PGSS level of 2 or Icess, RN may bolus "every" hours as needed. If pain persists, may increase PCA demand dose by "" ing ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. Adjust doses for age, renal function or other factors. Nursing PCA Orders		Interval: 10 Minutes MAX (Four hour dose limit): 20 mg
or more and PÖSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA damand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. Adjust doses for age, renal function or other factors. Nursing PCA Orders		
as needed. If pain persists, may increase PCA demand dose by "" mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. Adjust doses for age, renal function or other factors. Nursing PCA Orders		
ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. Adjust doses for age, renal function or other factors. Nursing PCA Orders Vital signs - T/P/R/BP Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - E-very hour x 2 starting second hour after PCA started, bolus administration four dose change; then - E-very hours unit PCA therapy is discontinued Immediately following PCA administration tubing change Routine, Every 12 hours and the beginning (or end of each shift), prior to clearing PCA pump data the following must be documented: doses delivered, number of attempt total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume). Patient education Pain pump Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button. Notify Physician Routine, Every 6 hours, Starting S - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump and call ordering physician and/or CERT team for any of the following: Stop the PCA pump and call ordering physician and/or CERT team for any of the following: V Fluids for provision of PCA Therapy (Single Response) V Fluids for provision of PCA Therapy (Single Response) Urinary retention		
Adjust doses for age, renal function or other factors. Nursing PCA Orders		
Nursing PCA Orders		increase in demand dose, call ordering prescriber.
Vital signs - T/P/R/BP	I. Niveria a DOA Ondora	Adjust doses for age, renal function or other factors.
- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administration or dose change; then - Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change PCA Documentation		Douting Day unit protocol
administration or dose change; then Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then Every 4 hours until PCA therapy is discontinued. Immediately following PCA administration tubing change Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data the following must be documented: doses delivered, number of attempt total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume). [] Patient education Pain pump Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button. [] Pasero Opioid-induced Sedation Scale Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider score 3 or 4. [] Notify Physician Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy PCA therapy PCA pump discontinued, Starting S, - Respiratory rate 10 per minute of less than 90) Excessive nausea or vomiting Urinary retention IV Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)	[] Vital signs - I/P/R/BP	
- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data the following must be documented: doses delivered, number of attempt total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume). Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button. Pasero Opioid-induced Sedation Scale Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider score 3 or 4. Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy Soutine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less routine, Unit discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomitting - Urinary retention IV Fluids for provision of PCA Therapy (Single Response) IV Fluids for provision of SPA finsion 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)		
administered or dose change; then - Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data the following must be documented: doses delivered, number of attempt total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume). [] Patient education Pain pump Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button. [] Pasero Opioid-induced Sedation Scale Routine, Drore, Starting S Assess POSS while patient may press the dosing button. [] Notify Physician Routine, Drore, Starting S Assess POSS while patient has an active PCA order. Contact provider score 3 or 4. [] Notify Physician Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention [] IV Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion - Medications - HMSJ Only (Single Response)		
Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change		
PCA Documentation		9 :
At the beginning (or end of each shift), prior to clearing PCA pump data the following must be documented: doses delivered, number of attempt total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume). [] Patient education Pain pump Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button. [] Pasero Opioid-induced Sedation Scale Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider score 3 or 4. [] Notify Physician Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescribe responsible for IV PCA therapy [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: Stop the PCA pump and call ordering physician and/or CERT team for any of the following: Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention IV Fluids for provision of PCA Therapy (Single Response) Wedications - HMSJ Only (Single Response)		
the following must be documented: doses delivered, number of attempt total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume). [] Patient education Pain pump Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button. [] Pasero Opioid-induced Sedation Scale Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider score 3 or 4. [] Notify Physician Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy PCA pump discontinued, Starting S, - Respiratory rate 10 per minute or less or less Sustained hypotension of SBP less than 90) Excessive nausea or vomiting IV Fluids for provision of PCA Therapy (Single Response) [] IV Fluids for provision of PCA Therapy (Single Response) A Medications - HMSJ Only (Single Response)	[] PCA Documentation	Routine, Every 12 hours
total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume). [] Patient education Pain pump Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button. [] Pasero Opioid-induced Sedation Scale Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider score 3 or 4. [] Notify Physician Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider score 3 or 4. Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention [] IV Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion - 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)		At the beginning (or end of each shift), prior to clearing PCA pump data
Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button. [] Pasero Opioid-induced Sedation Scale Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider score 3 or 4. [] Notify Physician Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy PCA pump discontinued by any service other than the prescrib responsible for IV PCA therapy Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less Severe and/or recent confusion or disorientation POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting IV Fluids for provision of PCA Therapy (Single Response) [] IV Fluids for provision of PCA Therapy (Single Response) [] Oddium chloride 0.9 % infusion JO mL/hr, intravenous, continuous [] Medications - HMSJ Only (Single Response)		
Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button. [] Pasero Opioid-induced Sedation Scale [] Pasero Opioid-induced Sedation Scale [] Notify Physician [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Stop the PCA pump and call ordering physici		
Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button. [] Pasero Opioid-induced Sedation Scale Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider score 3 or 4. [] Notify Physician Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: Severe and/or recent confusion or disorientation POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting Urinary retention [] IV Fluids for provision of PCA Therapy (Single Response) [] Sodium chloride 0.9 % infusion A Medications - HMSJ Only (Single Response)	II. Definited and a Definition	
Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button. [] Pasero Opioid-induced Sedation Scale Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider score 3 or 4. [] Notify Physician Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescrib- responsible for IV PCA therapy [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: [] Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Virinary retention [] IV Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion - 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)	[] Patient education Pain pump	
Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button. Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider score 3 or 4. Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescrib responsible for IV PCA therapy Stop the PCA pump and call ordering physician and/or CERT team for any of the following: Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention IV Fluids for provision of PCA Therapy (Single Response) (1) sodium chloride 0.9 % infusion - 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)		· · · · · · · · · · · · · · · · · · ·
by proxy. Only the patient may press the dosing button. Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider score 3 or 4. Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy PCA therapy PCA pump discontinued by any service other than the prescribr responsible for IV PCA therapy Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less Severe and/or recent confusion or disorientation POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting Urinary retention IV Fluids for provision of PCA Therapy (Single Response) Sustained hypotension continuous Medications - HMSJ Only (Single Response)		
Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider score 3 or 4. [] Notify Physician Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation or less - Severe and/or recent confusion or disorientation or less excessive nausea or vomiting - Excessive nausea or vomiting - Urinary retention - IV Fluids for provision of PCA Therapy (Single Response) - Response - Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention - Urinary retention - Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention - Urinary retention - Order		
Score 3 or 4. [] Notify Physician Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention [] IV Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion () dextrose 5% infusion 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)	[] Pasero Opioid-induced Sedation Scale	
Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the pr		Assess POSS while patient has an active PCA order. Contact provider
discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy - PCA pump discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention IV Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)		
- Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention IV Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)	[] Notify Physician	
- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention [] IV Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion () dextrose 5% infusion 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)		
sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention [] IV Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)		
PCA therapy - PCA pump discontinued by any service other than the prescribe responsible for IV PCA therapy [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention [] IV Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)		
- PCA pump discontinued by any service other than the prescribe responsible for IV PCA therapy [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention [] IV Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)		
responsible for IV PCA therapy [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention [] IV Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion () dextrose 5% infusion 30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)		
physician and/or CERT team for any of the following: - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention 1 IV Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion () dextrose 5% infusion 30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous		
following: - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention] IV Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion 30 mL/hr, intravenous, continuous () dextrose 5% infusion 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)		
- POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention] IV Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion 30 mL/hr, intravenous, continuous () dextrose 5% infusion 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)		
- Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention IV Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion 30 mL/hr, intravenous, continuous () dextrose 5% infusion 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)	Tollowing.	
- Urinary retention I V Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion 30 mL/hr, intravenous, continuous () dextrose 5% infusion 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)		
IV Fluids for provision of PCA Therapy (Single Response) () sodium chloride 0.9 % infusion 30 mL/hr, intravenous, continuous () dextrose 5% infusion 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)		- Excessive nausea or vomiting
Response) () sodium chloride 0.9 % infusion 30 mL/hr, intravenous, continuous () dextrose 5% infusion 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)		- Urinary retention
() dextrose 5% infusion 30 mL/hr, intravenous, continuous A Medications - HMSJ Only (Single Response)	Response)	
A Medications - HMSJ Only (Single Response)	. /	
	() dextrose 5% infusion	30 mL/hr, intravenous, continuous
	A Medications - HMSJ Only (Single Response)	
	fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders	
fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL (Single		(Single
Response)		· ·

() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA solution for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout: 10 Minutes Four Hour Dose Limit: 150 mcg intravenous, continuous
	For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours
	as needed. If pain persists, may increase PCA demand dose by *** mcg
	ONCE. If more than 2 bolus doses in 12 hours or if pain persists after
	increase in demand dose, call ordering prescriber.
II. N POA O. I	Adjust doses for age, renal function or other factors.
Nursing PCA Orders	Deutine Denomit meteoral
[] Vital signs - T/P/R/BP	Routine, Per unit protocol
	 Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then
	- Every hour x 2 starting second hour after PCA started, bolus
	administered or dose change; then
	- Every 4 hours until PCA therapy is discontinued.
	- Immediately following PCA administration tubing change
[] PCA Documentation	Routine, Every 12 hours
	At the beginning (or end of each shift), prior to clearing PCA pump data,
	the following must be documented: doses delivered, number of attempts
	total amount of medication infused (in mg or mcg), and volume
[1] Detient advection Dain name	remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family:
	Education for: Pain pump
	Provide patient education on appropriate use of PCA including no PCA
	by proxy. Only the patient may press the dosing button.
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S
	Assess POSS while patient has an active PCA order. Contact provider if
	score 3 or 4.
[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion
	discontinued for any reason
	Inadequate analgesiaPrior to administration of any other narcotics, antiemetics, or
	sedatives other than those ordered by the prescriber responsible for IV
	PCA therapy
	- PCA pump discontinued by any service other than the prescribe
	responsible for IV PCA therapy
[] Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute
physician and/or CERT team for any of the	or less
following:	- Severe and/or recent confusion or disorientation
	POSS sedation level 4: Somnolent and difficult to arouseSustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting
	- Urinary retention
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
hydromorPHONE PCA (DILAUDID) 30 mg/30 mL +	
Nursing PCA Orders	
[] hydromorPHONE PCA (DILAUDID) 30 mg/30 m	L (Single
Response)	•

,

() hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 3 mg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
	Adjust doses for age, renal function or other factors.
[] Nursing PCA Orders	
[] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change
[] PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button.
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4.
[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
() $_$ morPHINE PCA 30 mg/30 mL + Nursing PCA Orde	ers
[] morPHINE PCA 30 mg/30 mL (Single Response	
() morPHINE PCA 30 mg/30 mL in sodium chloride 0.9% for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 20 mg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
[] Nursing PCA Orders	Adjust doses for age, renal function or other factors.
Sint a Land 0/40/0000 at 10.00 ANA (see a OLID	D. 44 (00

[] Vital signs - T/P/R/BP	Routine, Per unit protocol
	- Initially and every 30 minutes for 1 hour after PCA started, bolus
	administration or dose change; then
	 Every hour x 2 starting second hour after PCA started, bolus
	administered or dose change; then
	 Every 4 hours until PCA therapy is discontinued.
	- Immediately following PCA administration tubing change
[] PCA Documentation	Routine, Every 12 hours
	At the beginning (or end of each shift), prior to clearing PCA pump data,
	the following must be documented: doses delivered, number of attempts,
	total amount of medication infused (in mg or mcg), and volume
	remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences
	Patient/Family:
	Education for: Pain pump
	Provide patient education on appropriate use of PCA including no PCA
	by proxy. Only the patient may press the dosing button.
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S
	Assess POSS while patient has an active PCA order. Contact provider if
	score 3 or 4.
[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion
	discontinued for any reason
	- Inadequate analgesia
	 Prior to administration of any other narcotics, antiemetics, or
	sedatives other than those ordered by the prescriber responsible for IV
	PCA therapy
	- PCA pump discontinued by any service other than the prescriber
	responsible for IV PCA therapy
[] Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute
physician and/or CERT team for any of the	or less
following:	- Severe and/or recent confusion or disorientation
	- POSS sedation level 4: Somnolent and difficult to arouse
	- Sustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting
	- Urinary retention
[] IV Fluids for provision of PCA Therapy (Single	Officially reterition
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
() dexitose 5 % illiusion	30 IIIL/III, IIIIIaverious, continuous
Respiratory Depression and Somnolence	
[X] naloxone (NARCAN) injection	0.2 mg, intravenous, once PRN, respiratory depression, as
	needed for respiratory rate 8 per minute or less OR patient
	somnolent and difficult to arouse (POSS GREATER than 3).
	Repeat Naloxone 0.2 mg once in 2 minutes if necessary
	(MAXIMUM 0.4 mg).
	If naloxone is needed, please call the ordering physician
	and/or CERT
	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15
	minutes for 3
	times.
	unios.
VTE	
V L	
DVT Risk and Prophylaxis Tool (Single Response)	(Selection Required)
V/TE/DV/T Pick Definitions	IIDI ·

Anticoagulation Guide for COVID patients

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

URL:

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

VTE/DVT Risk Definitions

Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Stratif	
(Single Response) (Selection Required)	
) Moderate Risk - Patient currently has an active	
therapeutic anticoagulant or VTE prophylaxis (Required)	Selection
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Single	PACU & Post-op
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyana	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
) Moderate Risk - Patient currently has an active	
therapeutic anticoagulant or VTE prophylaxis (Required)	Selection
Negureary Moderate risk of VTE	Routine, Once, PACU & Post-op
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
propriytaxio	Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single	· · · · · · · · · · · · · · · · · · ·
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (
Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
	PACU & Post-op
Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Diago/Maintain aggregation aggregation	PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) High Risk - Patient currently has an active order the report of the re	
therapeutic anticoagulant or VTE prophylaxis (Required)	Selection
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
ριομιγιαλίο	Therapy for the following:
	THE STREET AND THE STREET STREET, STREET STREET
	PACU & Post-op

prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fac	ctors
Low Risk (Single Response) (Selection Require	
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgate early ambulation PACU & Post-op
MODERATE Risk of DVT - Surgical (Selection Re	·
Moderate Risk Definition	
• · · ·	Mechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	motion debuduation variance value appears appear about a province
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	, leg swelling, dicers, verious stasis and hepinotic syndrome
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hou	rs
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Moderate or major surgery (not for cancer)	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required)	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - 1	Surgical
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required)	Surgical)
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - 1	Surgical)
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required Contraindications exist for pharmacologic probut order Sequential compression device Contraindications exist for pharmacologic	Surgical) phylaxis "And" Linked Panel Routine, Once
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required Contraindications exist for pharmacologic pro BUT order Sequential compression device	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required Contraindications exist for pharmacologic probut order Sequential compression device Contraindications exist for pharmacologic	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required Contraindications exist for pharmacologic probut order Sequential compression device Contraindications exist for pharmacologic prophylaxis	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required Contraindications exist for pharmacologic probut order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required Contraindications exist for pharmacologic probut order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required Contraindications exist for pharmacologic probut order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required Contraindications exist for pharmacologic probut order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Device Contraindications exist for pharmacologic prophylaxis	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk of VTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required Contraindications exist for pharmacologic probut order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic probuble Contraindications exist for pharmaco	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op phylaxis "And" Linked Panel
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required Contraindications exist for pharmacologic probut order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic prophylaxis Contraindications exist for pharmacologic	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required Contraindications exist for pharmacologic probut order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Device continuous Contraindications exist for pharmacologic prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for pharmacologic prophylaxis	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk of VTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required Contraindications exist for pharmacologic probut order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic probuble AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for pharmacologic prophylaxis	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once Routine, Once
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required Contraindications exist for pharmacologic probut order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Device continuous Contraindications exist for pharmacologic prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for pharmacologic prophylaxis	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk of VTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required Contraindications exist for pharmacologic probut order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic probuble AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for pharmacologic prophylaxis	Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once Routine, Once

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

(LOVENOX)
30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
mL/min -
subcutaneous, Starting S+1 Indication(s):
2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
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.
7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
STAT, Until discontinued, Starting S Indication:
election
Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Routine, Continuous, PACU & Post-op

Required)
Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) 	ion
Contraindications exist for pharmacologic prop Order Sequential compression device	hylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Resp	oonse)
(Selection Required) 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 enoxaparin	arin 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	ection

() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required)	Douting Once DACH & Doct on
[] High risk of VTE[] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	Routine, Once, PACU & Post-op cal Patient
Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response) (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 (subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	· /
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 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

() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
ed on 6/19/2023 at 9:20 AM from SUP	Page 20 of 32

	[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
	() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
	() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
7	HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
	High Risk Definition	
	Both pharmacologic AND mechanical prophylaxis	must be addressed
	One or more of the following medical conditions:	mac so addiososai
	•	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
	or protein S deficiency; hyperhomocysteinemia; m	
	Severe fracture of hip, pelvis or leg	
	Acute spinal cord injury with paresis	
	Multiple major traumas Abdominal or pelvic surgery for CANCER	
	Acute ischemic stroke	
	History of PE	
	•	
	[] High Risk (Selection Required)	
	[] High risk of VTE	Routine, Once, PACU & Post-op
	[] High Risk Pharmacological Prophylaxis - Non-	
	Patient (Single Response) (Selection Required	
	() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following
	ριοριτγιαλίο	contraindication(s):
		PACU & Post-op
	() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	
	Patient renal status: @CRCL@	
		JAL to 30mL/min, enoxaparin orders will apply the following recommended
	doses by weight: Weight Dose	
	LESS THAN 100kg enoxaparin 40mg daily	
	100 to 139kg enoxaparin 30mg every 12 hour	S
	GREATER THAN or EQUAL to 140kg enoxar	parin 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX)		(LOVENOX)
	subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	20 mg subsutaneous deily at 1700 Starting S 11
		30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
	() For CrCl GREATER than or EQUAL TO 30 r	nL/min -
	enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	aubautanagus Starting C 11
		subcutaneous, Starting S+1 Indication(s):
	() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op
		If the patient does not have a history of or suspected case of
		Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive
		procedure, or CrCl LESS than 30 mL/min.
		This patient has a history of or suspected case of Heparin-Induced
		Thrombocytopenia (HIT):
	() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
	() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight $< 50 \text{kg}$ and age $> 75 \text{yrs}$	than boka and add GREATED than /byre
	weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients	than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op

() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[]	Mechanical Prophylaxis (Single Response) (Sele Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
	HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	
E C T C S S	High Risk Definition Both pharmacologic AND mechanical prophylaxis in Both pharmacologic AND mechanical prophylaxis in Dine or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variator protein S deficiency; hyperhomocysteinemia; my Bevere 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	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[]	High Risk (Selection Required)	
Ë	High risk of VTE	Routine, Once, PACU & Post-op
[]	High Risk Pharmacological Prophylaxis - Hip or I (Arthroplasty) Surgical Patient (Single Response (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection Re	
	[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
_	[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Response (Selection Required)	onse)
	Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQUA doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa	AL to 30mL/min, enoxaparin orders will apply the following recommended rin 40mg every 12 hours
	() For CrCl LESS than 30mL/min - enoxaparin (L subcutaneous Daily at 1700	OVENOX)
	[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
	() For CrCl GREATER than or EQUAL TO 30 ml enoxaparin (LOVENOX) subcutaneous	
	[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL: "https://formweb.com/files/houstonmethodist/documents/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) 	
 () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (S Required) 	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single R	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

 () Moderate Risk - Patient currently has an activ therapeutic anticoagulant or VTE prophylaxis Required) 	
Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) 	
[] High risk of VTE	Routine, Once, PACU & Post-op
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	Response)
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) 	
[] High risk of VTE	Routine, Once, PACU & Post-op
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
Place sequential compression device (Single	•
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fa	actors
[] Low Risk (Single Response) (Selection Requi	red)
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
) MODERATE Risk of DVT - Surgical (Selection R	·

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)		
[] Moderate risk of VTE Routine, Once, PACU & Post-op		
[] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)		
 () Contraindications exist for pharmacologic proph BUT order Sequential compression device 	nylaxis "And" Linked Panel	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op	
() Contraindications exist for pharmacologic proph AND mechanical prophylaxis	ylaxis "And" Linked Panel	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
() enoxaparin (LOVENOX) injection (Single Responsable (Selection Required)	onse)	
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, Starting S+1 Indication(s):	
() For CrCl GREATER than or EQUAL TO 30 ml enoxaparin (LOVENOX) subcutaneous	_/min -	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):	

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

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)	tion
Contraindications exist for pharmacologic prop Order Sequential compression device	hylaxis - "And" Linked Panel
] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	D C DAOHAD (
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)	cal Patient
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() 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, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r	· /
enoxaparin (LOVENOX) subcutaneous	aubautanaaua Ctartina Cut
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	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	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op

	() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op	
()	HIGH Risk of DVT - Non-Surgical (Selection Req	uired)	
 	High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C	
[]	High Risk (Selection Required)		
	[] High risk of VTE	Routine, Once, PACU & Post-op	
[]	 High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required 		
	() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)	
	Hor 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 (LOVENOX) subcutaneous Daily at 1700		
	subcutaneous Daily at 1700	(LOVENOX)	
	subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):	
	subcutaneous Daily at 1700	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):	
	subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): mL/min - subcutaneous, Starting S+1 Indication(s):	
	subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): mL/min - subcutaneous, Starting S+1	
	subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): mL/min - subcutaneous, Starting S+1 Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op	
	subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): mL/min - subcutaneous, Starting S+1 Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS	
- !	subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): mL/min - subcutaneous, Starting S+1 Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op	
	subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): mL/min - subcutaneous, Starting S+1 Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.	

Indication:

(COUMADIN) Indic

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

Printed on 6/19/2023 at 9:20 AM from SUP

() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op	
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)		
or protein S deficiency; hyperhomocysteinemia; my Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C	
Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE		
[] High Risk (Selection Required)		
 High risk of VTE High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required) 		
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op	
() aspirin (ECOTRIN) enteric coated tablet() Apixaban and Pharmacy Consult (Selection Re	162 mg, oral, daily, Starting S+1, PACU & Post-op equired)	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis	
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis	
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)	
Patient renal status: @CRCL@		
doses by weight: Weight Dose	AL to 30mL/min, enoxaparin orders will apply the following recommended	
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		
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	, ,	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):	
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced	
	Thrombocytopenia (HIT):	

() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS
() heparin (porcine) injection - For Patients	than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
with weight GREATER than 100 kg	Post-op For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection	To patients with weight ONEATER 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, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
Labs	
Labs	
Hemoglobin and hematocrit	Once, PACU & Post-op
[] Hemoglobin and Hematocht	Once, 1 A00 & 1 031-0p
Labs - AM	
[] Basic metabolic panel	AM draw Starting S. 1 For 1 Occurrences DACLL & Doct on
	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
CBC with platelet and differential	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
Partial thromboplastin time	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
Partial thromboplastin time	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
Partial thromboplastin time Prothrombin time with INR	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
Partial thromboplastin time Prothrombin time with INR Labs - AM Daily x 3	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
Partial thromboplastin time Prothrombin time with INR Labs - AM Daily x 3 Hemoglobin	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
[] Partial thromboplastin time [] Prothrombin time with INR Labs - AM Daily x 3 [] Hemoglobin Imaging	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw repeats For 3 Occurrences, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU
[] Partial thromboplastin time [] Prothrombin time with INR Labs - AM Daily x 3 [] Hemoglobin Imaging CT	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw repeats For 3 Occurrences, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU
[] Partial thromboplastin time [] Prothrombin time with INR Labs - AM Daily x 3 [] Hemoglobin Imaging CT [] CT Cervical Spine Wo Contrast	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw repeats For 3 Occurrences, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] Partial thromboplastin time [] Prothrombin time with INR Labs - AM Daily x 3 [] Hemoglobin Imaging CT [] CT Cervical Spine Wo Contrast [] CT Thoracic Spine Wo Contrast	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw repeats For 3 Occurrences, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] Partial thromboplastin time [] Prothrombin time with INR Labs - AM Daily x 3 [] Hemoglobin Imaging CT [] CT Cervical Spine Wo Contrast [] CT Thoracic Spine Wo Contrast	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw repeats For 3 Occurrences, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] Partial thromboplastin time [] Prothrombin time with INR Labs - AM Daily x 3 [] Hemoglobin Imaging CT [] CT Cervical Spine Wo Contrast [] CT Thoracic Spine Wo Contrast [] CT Lumbar Spine Wo Contrast X-ray	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw repeats For 3 Occurrences, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] Partial thromboplastin time [] Prothrombin time with INR Labs - AM Daily x 3 [] Hemoglobin Imaging CT [] CT Cervical Spine Wo Contrast [] CT Thoracic Spine Wo Contrast [] CT Lumbar Spine Wo Contrast	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw repeats For 3 Occurrences, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU
[] Partial thromboplastin time [] Prothrombin time with INR Labs - AM Daily x 3 [] Hemoglobin Imaging CT [] CT Cervical Spine Wo Contrast [] CT Thoracic Spine Wo Contrast [] CT Lumbar Spine Wo Contrast X-ray	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw repeats For 3 Occurrences, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op

[] XR Spine Scoliosos 2-3 Views	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Please add 32 millimeter image calibration necklace to the field of view., PACU & Post-op
[] Thoracic Spine 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] Lumbar Spine 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[] Lumbar Spine Ap Lateral Flexion And Extension	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[] Lumbar Spine Complete 4+ Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[] Thoracolumbar Spine 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
Consults	
For Physician Consult orders use sidebar	
Ancillary Consults	
	O It D
[] Consult to Case Management	Consult Reason: PACU & Post-op
[] Consult to Social Work	Reason for Consult:
[] Consult to Coolai Work	PACU & Post-op
[] Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Post Neuromuscular or Musculoskeletal Surgery Care.
	Are there any restrictions for positioning or mobility?
	Please provide safe ranges for HR, BP, O2 saturation(if
	values are very abnormal):
	Weight Bearing Status: PACU & Post-op
Consult PT wound care	Special Instructions:
[] Consult I would care	Location of Wound?
	PACU & Post-op
[] Consult to OT eval and treat	Reason for referral to Occupational Therapy (mark all that
	apply): Decline in Activities of Daily Living performance from
	baseline (bathing, dressing, toileting, grooming)
	Are there any restrictions for positioning or mobility?
	Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
	Weight Bearing Status:
	PACU & Post-op
[] Consult to Nutrition Services	Reason For Consult?
	Purpose/Topic:
	PACU & Post-op
[] Consult to Spiritual Care	Reason for consult?
[] Consult to Speech Language Pathology	PACU & Post-op Routine, Once
[] Consult to Speech Language Pathology	Reason for consult:
	PACU & Post-op
[] Consult to Wound Ostomy Care nurse	Reason for consult:
,	Reason for consult:
	Reason for consult:
	Reason for consult:
	Consult for NPWT:
	Reason for consult: Reason for consult:
	PACU & Post-op
[] Consult to Respiratory Therapy	Reason for Consult?
[] The same of th	PACU & Post-op
	•