General

Common Present on Admission Diagnosis

Common r resent 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	
[] 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	Post-op
Mention of Complication, Not Stated as Uncontrolled	
[] Urinary Tract Infection, Site Not Specified	Post-op
Elective Outpatient, Observation, or Admission (Single F	Response)
() Elective outpatient procedure: Discharge following	Routine, Continuous, PACU & Post-op
routine recovery	Admitting Dhysiology
() Outpatient observation services under general supervision	Admitting Physician: Patient Condition:
Supervision	Bed request comments:
	PACU & Post-op
() Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
	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 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
	·
Admission or Observation (Single Response)	

Admission or Observation (Single Response)

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
Admitting Physician: Patient Condition:
Bed request comments:
PACU & Post-op
Admitting Physician:
Bed request comments:
PACU & Post-op
Level of Care:
Bed request comments:
Scheduling/ADT
Routine, Until discontinued, Starting S, Scheduling/ADT
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
Level of Care:
Bed request comments:
Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT
Routine, onth discontinued, starting 5, Scheddling/ADT
Level of Care:
Bed request comments:
Scheduling/ADT
Routine, Until discontinued, Starting S, Scheduling/ADT
Code Status decision reached by:
Post-op
Did the petient/ourregate require the use of an interpreter?
Did the patient/surrogate require the use of an interpreter?
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?

R O N	Priority: Reason for Consult? Order? Name of referring provider:
[] Consult to Social Work Re	Enter call back number: eason for Consult:
) Modified Code	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 is NC in a cardiopulmonary arrest))	 DT 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
solation	
] Airborne isolation status	
	etails nce, Sputum, 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: PACU & Post-op
] Latex precautions	PACU & Post-op
] Seizure precautions	Increased observation level needed: PACU & Post-op
] Spinal precautions	PACU & Post-op
Nursing	
/ital Signs (Single Response)	
X) Vital signs - T/P/R/BP	Routine, Per unit protocol
	With Neuro exam., PACU & Post-op
Activity	With Neuro exam., PACU & Post-op
	Routine, Until discontinued, Starting S, PACU & Post-op
Activity	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Specify: Up with assistance
Activity] Strict bed rest	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Specify: Up with assistance PACU & Post-op Routine, Until discontinued, Starting S Specify: Up in chair Additional modifier: for meals
Activity Strict bed rest Up with assistance	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Specify: Up with assistance PACU & Post-op Routine, Until discontinued, Starting S Specify: Up in chair
Activity Strict bed rest Up with assistance Up in chair for meals	Routine, Until discontinued, Starting S, PACU & Post-opRoutine, Until discontinued, Starting SSpecify: Up with assistancePACU & Post-opRoutine, Until discontinued, Starting SSpecify: Up in chairAdditional modifier: for mealsAll meals, PACU & Post-opRoutine, Until discontinued, Starting SHead of bed: 30 degrees

[] Place antiembolic stockings - Bilateral Knee	Routine, Once, PACU & Post-op
[] Peripheral vascular assessment	Routine, Per unit protocol, PACU & Post-op
[X] Neurological assessment	Routine, Every 4 hours
	Assessment to Perform: Cranial Nerves, Glasgow Coma
	Scale,Level of Consciousness,Pupils,Fat Graft Site
1 Insort and maintain Faloy	PACU & Post-op
Insert and maintain Foley Insert Foley catheter Rou	tine, Once
Type	
Size	
	ometer needed:
PAC	CU & Post-op
	tine, Until discontinued, Starting S
	ers: Maintain
	hable to void, leave in place times 24 hours., PACU & Post-op
[] Remove Foley catheter (Postoperative Day #1 or #2)	Routine, Once
	Document reason for not removing Foley (must be documented on postoperative day 1 or 2)., PACU & Post-op
[] Surgical/incision site care	Routine, Once
[] Surgical/incision site care	Location:
	Site:
	Apply:
	Dressing Type:
	Open to air?
	PACU & Post-op
[] Reinforce dressing	Routine, As needed
	Reinforce with:
[X] Strict intake and output	If saturated., PACU & Post-op Routine, Every hour
	When Foley inserted and with each void when Foley
	removed., PACU & Post-op
[] Lumbar drain care	Routine, Until discontinued, Starting S
	Lumbar drain mgmt: Clamped
	Clamped. Monitor for headache or dampness at lumbar drain
	site every 6 hours, notify physician if present., PACU &
	Post-op
[] Lumbar drain care	Routine, Until discontinued, Starting S
	Lumbar drain mgmt: Clamped for 6 hours then Open at shoulder level and titrate drainage to 10 cc/hr, monitor and
	record output
	Clamped for 6 hours then open and titrate to 10 cc/hr, monitor
	and record output. Monitor for headache or dampness at
	lumbar drain site every 6 hours, notify physician if present.,
	PACU & Post-op
[X] Hemodynamic Monitoring	Routine, Per unit protocol
	Measure: MAP
	Arterial blood pressure (ABP)., PACU & Post-op
[] Assess Lumbar drain dressing and notify if saturated	Routine, Every 4 hours
	Assess: Lumbar drain dressing and notify if saturated.
[X] No anticoagulants INcluding UNfractionated heparin	PACU & Post-op Routine, Until discontinued, Starting S
	Reason for "No" order: Post Transsphenoidal Surgery
	PACU & Post-op
[X] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S
	Reason for "No" order: Post Transsphenoidal Surgery
	PACU & Post-op
[X] No Dobhoff or nasogastric tube	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Avoid positive pressure ventilation (Notify physician if	Routine, Until discontinued, Starting S
respiratory compromised)	Avoid CPAP/BiPAP and Notify physician if respiratory is
respiratory compromised)	compromised., PACU & Post-op

Notify

[X] Notify Physician if acute change in neurological status	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician if continuous drainage from nose	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician if increased urine output greater than 200 ml/hr for 2 consecutive hours	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	
[] NPO	Diet effective now, Starting S NPO:
	Pre-Operative fasting options: PACU & Post-op
[] 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: Foods to Avoid: When awake; advance as tolerated, 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

IV Fluids

IV Fluids (Single Response)

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

Medications

Steroids

[X] hydrocortisone taper (50 mg IV q6h x1 day, 25 mg	
q12h x1 day, followed by 20 mg qam, 10 mg qpm) [X] hydrocortisone sodium succinate	50 mg, intravenous, every 6 hours scheduled, Post-op
(Solu-CORTEF) injection [X] hydrocortisone (CORTEF) tablet	25 mg, oral, every 12 hours scheduled, Starting H+24 Hours, Post-op
[X] hydrocortisone (CORTEF) tablet	20 mg, oral, every morning, Starting H+48 Hours, Post-op
[X] hydrocortisone (CORTEF) tablet	10 mg, oral, every evening, Starting H+48 Hours, Post-op
dexamethasone (DECADRON) IV	intravenous, every 6 hours scheduled, Post-op
 dexamethasone (DECADRON) IV - for Cushing's Syndrome patients 	1 mg, intravenous, daily, Post-op Administer after any AM cortisol lab draws
Medications	
1 nantoprazole (PROTONIX) IV or ORAL	"Or" Linked Panel

[] pantoprazole (PROTONIX) IV or ORAL	"Or" Linked Panel
[] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600, Post-op
	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 PC dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
] pseudoephedrine (SUDAFED) 12 hr tablet - begin	120 mg, oral, every 12 hours scheduled, Starting S+1,
post-op day #1] fexofenadine (ALLEGRA) tablet - begin post-op da	Post-op y #1 60 mg, oral, every 12 hours scheduled, Starting S+1, Post-op
] sodium chloride (OCEAN) 0.65 % nasal spray - be	
post-op day #2	S+2, Post-op
desmopressin (DDAVP) injection	2 mcg, intravenous, once PRN, urine output greater than 300 mL for 2 consecutive hours and urine specific gravity less tha 1.005, Post-op
ntibiotics (Single Response)	
Antibiotics - Neurosurgery - patients with surgical s drains	site
[] 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-specif
	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-specif
	guidelines for surgical prophylaxis for the stop date/duration
 vancomycin 15 mg/kg IV + Pharmacy Consult 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-spec
	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
	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specif
	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-specif
	guidelines for surgical prophylaxis for the stop date/duration
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	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-spec
	guidelines for surgical prophylaxis for the stop date/duration
	Indication: Implanted Device Prophylaxis
Antibiotics - Neurosurgery - patients withOUT surg	Indication: Implanted Device Prophylaxis

[] 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
	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 Required) 	t (Selection
[] 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
	Indication: Implanted Device Prophylaxis
[] Antibiotics: For Patients GREATER than 120 kg	
[] 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
	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 Required)	t (Selection
[] 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 Indication: Implanted Device Prophylaxis
1	
Muscle Relaxants (Single Response)	
() methocarbamol (ROBAXIN) 500 mg in sodium ch	loride 500 mg, intravenous, Administer over: 60 Minutes, every 8
0.9 % 100 mL IVPB	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
	5 mg, oral, every 6 hours r muscle spasms, r 0st-0p
Antiemetics	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Reg	uired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[] 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.
Printed on 7/5/2022 at 2:20 PM from SLIP	Dial medication.

[] scopolarnine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old hours, Post-op 1 patch, transdermal, Administer over: 72 Hours, every hours, Post-op [X] acetaminophen (TVLENOL) tablet 650 mg, oral, every 6 hours PRN, fever, Temperature 6 than 101 F, Post-op [] Iching - Neurosurgery medications (Single Response)] 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.
[X] acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, lever, Temperature 6 than 101 F, Post-op [] Itching - Neurosurgery medications (Single Response) 5 mg, oral, daily PRN, itching, Post-op [] Avoid diphenhydramine use in patients over 70 years old when possible. 5 mg, oral, daily PRN, itching, Post-op [] diphenhydrAMINE (BENADRYL) injection 12.5 mg, intravenous, every 12 hours PRN, itching, Post-op [X] polythylene glycol (MIRALAX) packet 17 gram 17 g, oral, 2 times daily, Post-op [X] polythylene glycol (MIRALAX) packet 17 gram 17 g, oral, a daily PRN, constipation, Post-op [] magnesium hydroxide suspension 30 mL, oral, daily PRN, constipation, Post-op [] magnesium citrate solution 150 mL, oral, daily PRN, constipation, Post-op [] magnesium citrate solution 150 mL, oral, daily PRN, constipation, Post-op [] magnesium citrate solution 150 mL, oral, daily PRN, constipation, Post-op [] magnesium citrate solution 150 mL, oral, every 4 hours PRN, mild pain (score 1-3) [] nactaninophen (TYLENOL) tablet 25 mg, oral, every 6 hours PRN, moderate pain (score 1-3), Post-op [] trabADol (ULTRAM) tablet 25 mg, oral, every 6 hours PRN, moderate pain (score 7 bost-op [] trabADol (ULTRAM) tablet 50 mg, oral, every 6 hours PRN, moderate pain (score 7 bost-op [] trabADol (ULTRAM) tablet 50 mg, oral		
(han 101 F, Post-op Avoid diphenhydramine use in patients over 70 years old when possible. Avoid diphenhydramine use in patients over 70 years old when possible. () cetirizine (ZyrTEC) tablet 5 mg, oral, daily PRN, itching, Post-op () diphenhydraMINE (BENAORYL) Injection 12.5 mg, intravenous, every 12 hours PRN, itching, Post-op PRN Medications - Bowel Management 17 g, oral, 2 times daily, Post-op (2) docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily, Post-op (2) docusate sodium (COLACE) capsule 100 mg, oral, daily PRN, constipation, Post-op (1) magnesium hydroxide suspension 30 mL, oral, daily PRN, constipation, Post-op (1) magnesium citrate solution 150 mL, oral, daily PRN, constipation, Post-op (2) acetaminophen (TYLENOL) tablet 650 mg, oral, every 4 hours PRN, mild pain (score 1-3) (3) acetaminophen (TYLENOL) tablet 25 mg, oral, every 6 hours PRN, moderate pain (score 1-3) (4) tablet 25 mg, oral, every 6 hours PRN, moderate pain (score 1-3) (5) maximum Daily Dose: 200 mg/day (1) trablet 25 mg, oral, every 6 hours PRN, moderate pain (score 1-3) (1) tablet, oral, every	N Medications - Symptom Management	
Avoid diphenhydramine use in patients over 70 years old when possible. () 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 RN Medications - Bowel Management 17 g, oral, 2 times daily, Post-op X) polyethylene glycol (MIRALAX) packet 17 gram 17 g, oral, 2 times daily, Post-op X) docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily, Post-op 1) biascody (DULCOLAX) suppository 10 mg, rectal, daily PRN, constipation, Post-op 1) biascody (DULCOLAX) suppository 10 mg, rectal, daily PRN, constipation, Post-op 1) magnesium citrate solution 50 mg, oral, every 4 hours PRN, mild pain (score 1-3) PRN Medications - Pain - Pain Score (1-3) (Single Response) 25 mg, oral, every 4 hours PRN, molderate pain (score Post-op () tablet 25 mg, oral, every 4 hours PRN, moderate pain (score Post-op () acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet 1 tablet, oral, every 6 hours PRN, moderate pain (score Post-op () traMADol (ULTRAM) tablet 50 mg, oral, every 6 hours PRN, moderate pain (score Post-op () traMADol (ULTRAM) tablet 20 mg, aral, every 6 hours PRN, moderate pain (score Post-op	acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op
() iphenhydrAMINE (BENADRYL) injection 12.5 mg, intravenous, every 12 hours PRN, itching, Post-op PRN Medications - Bowel Management 17 g, oral, 2 times daily, Post-op (X) polyethylene glycol (MIRALAX) packet 17 gram 17 g, oral, 2 times daily, Post-op (X) docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily, Post-op (X) docusate sodium (COLACE) capsule 5 mg, oral, daily PRN, constipation, Post-op (X) bisacodyl (DULCOLAX) EC tablet 5 mg, oral, daily PRN, constipation, Post-op (X) acetaminophen (TYLENOL) tablet 650 mg, oral, every 4 hours PRN, mild pain (score 1-3) (X) traMADol (ULTRAM) tablet 25 mg, oral, every 4 hours PRN, mild pain (score 1-3), Post-op (X) tablet Post-op (X) tablet 25 mg, oral, every 4 hours PRN, moderate pain (score Post-op (X) tablet 25 mg, oral, every 6 hours PRN, moderate pain (score Post-op (X) tablet 1 tablet, oral, every 6 hours PRN, moderate pain (score Post-op (X) tablet 1 tablet, oral, every 6 hours PRN, moderate pain (score Post-op (X) tablet 1 tablet, oral, every 6 hours PRN, moderate pain (score Post-op (X) tacetaminophen-codeine (TYLENOL #3) 300-30 mg per		
PRN Medications - Bowel Management X1 polyethylene glycol (MIRALAX) packet 17 gram 17 g. oral, 2 times daily, Post-op X2 docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily, Post-op Y2 magnesium hydroxide suspension 30 mL, oral, daily PRN, constipation, Post-op Y2 bisacodyl (DULCOLAX) suppository 10 mg, rectal, daily PRN, constipation, Post-op Y2 magnesium citrate solution 150 mL, oral, daily PRN, constipation, For 2 Doses, Po PRN Medications - Pain - Pain Score (1-3) (Single Response) 650 mg, oral, every 4 hours PRN, mild pain (score 1-3) Y2 acetaminophen (TYLENOL) tablet 25 mg, oral, every 4 hours PRN, mild pain (score 1-3), Post-op Y2 mkdications - Pain - Pain Score (4-6) (Single Response) 1 Y2 mkdications - Pain - Pain Score (4-6) (Single Response) 1 Y2 mkdications - Pain - Pain Score (4-6) (Single Response) 1 Y2 mkdications - Pain - Pain Score (4-6) (Single Response) 1 Y2 mkdications - Pain - Pain Score (4-6) (Single Response) 1 Y2 mkdications - Pain - Pain Score (4-6) (Single Response) 1 Y2 mkdications - Pain - Pain Score (7-10) (Single Response) 1 Y2 mkdications - Pain - Pain Score (7-10) (Single Response) 1 Y2 mkdications - Pain - Pain Score (7-10) (Single Response) 2		
X) polyethylene glycol (MIRALAX) packet 17 gram 17 g. oral, 2 times daily, Post-op X) docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily, PRN, constipation, Post-op 1) bisacodyl (DULCOLAX) EC tablet 5 mg, oral, daily PRN, constipation, Post-op 1) bisacodyl (DULCOLAX) suppository 10 mg, rectal, daily PRN, constipation, Post-op 1) magnesium citrate solution 150 mL, oral, daily PRN, constipation, Post-op 1) acetaminophen (TYLENOL) tablet 650 mg, oral, every 4 hours PRN, mild pain (score 1-3), Post-op 1) traMADol (ULTRAM) tablet 25 mg, oral, every 4 hours PRN, mild pain (score 1-3), Post-op 1) tradications - Pain - Pain Score (4-6) (Single Response) 1 1) HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 1 1) 1 tablet, oral, every 6 hours PRN, moderate pain (score Post-op 1) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet 1 1) tablet, oral, every 6 hours PRN, moderate pain (score Post-op 1) tablet, oral, every 6 hours PRN, moderate pain (score Post-op 1) tablet, oral, every 6 hours PRN, moderate pain (score Post-op 1) tablet, oral, every 6 hours PRN, moderate pain (score Post-op 1)) diphenhydrAMINE (BENADRYL) injection	12.5 mg, intravenous, every 12 hours PRN, itching, Post-op
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Allowance for Patient Preference: PRN Medications - Pain - Pain Score (7-10) (Single Response) () HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet () acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet () acetaminophen (TYLENOL #3) 300-30 mg per tablet () acetaminophen (TYLENOL #3) 300-30 mg		•
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tabletPost-op Allowance for Patient Preference:) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet2 tablet, oral, every 6 hours PRN, severe pain (score 7 Post-op The use of codeine-containing products is contraindica patients LESS THAN 12 years of age. Is this patient O' years of age? Y/N: Allowance for Patient Preference:) fentaNYL (SUBLIMAZE) injection25 mcg, intravenous, every 2 hour PRN, severe pain (s 7-10), Post-op	N Medications - Pain - Pain Score (7-10) (Single	e Response)
Allowance for Patient Preference: Allowance for Patient Preference: 2 tablet, oral, every 6 hours PRN, severe pain (score 7 Post-op The use of codeine-containing products is contraindica patients LESS THAN 12 years of age. Is this patient O' years of age? Y/N: Allowance for Patient Preference: () fentaNYL (SUBLIMAZE) injection 25 mcg, intravenous, every 2 hour PRN, severe pain (sore 7 Post-op)	HYDROcodone-acetaminophen (NORCO) 5-325	
 acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet 2 tablet, oral, every 6 hours PRN, severe pain (score 7 Post-op The use of codeine-containing products is contraindica patients LESS THAN 12 years of age. Is this patient O' years of age? Y/N: Allowance for Patient Preference: () fentaNYL (SUBLIMAZE) injection 2 tablet, oral, every 6 hours PRN, severe pain (score 7 Post-op The use of codeine-containing products is contraindica patients LESS THAN 12 years of age. Is this patient O' years of age? Y/N: Allowance for Patient Preference: () fentaNYL (SUBLIMAZE) injection 	tablet	•
The use of codeine-containing products is contraindica patients LESS THAN 12 years of age. Is this patient O' years of age? Y/N: Allowance for Patient Preference: () fentaNYL (SUBLIMAZE) injection 25 mcg, intravenous, every 2 hour PRN, severe pain (s 7-10), Post-op		ng per 2 tablet, oral, every 6 hours PRN, severe pain (score 7-10),
patients LESS THAN 12 years of age. Is this patient O' years of age? Y/N: Allowance for Patient Preference: () fentaNYL (SUBLIMAZE) injection 25 mcg, intravenous, every 2 hour PRN, severe pain (s 7-10), Post-op	เลมเยเ	
Allowance for Patient Preference: () fentaNYL (SUBLIMAZE) injection 25 mcg, intravenous, every 2 hour PRN, severe pain (s 7-10), Post-op		patients LESS THAN 12 years of age. Is this patient OVER 12
() fentaNYL (SUBLIMAZE) injection 25 mcg, intravenous, every 2 hour PRN, severe pain (s 7-10), Post-op		
7-10), Post-op		
		7-10), Post-op
Allowance for Patient Preference:		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
CA Medications - Not HMSJ (Single Response)	
) fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders	
 [] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL Response) 	(Single
() 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.
[] Nursing PCA Orders	Adjust doses for age, renal function or other factors.
[] 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 i 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

 hydromorPHONE PCA (DILAUDID) 15 mg/30 mL + Nursing PCA Orders 	
 [] hydromorPHONE PCA (DILAUDID) 15 mg/30 ml Response) 	L (Single
 () hydromorPHONE (DILAUDID) 15 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive 	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout: 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
	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	

() 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.
	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.
[] PCA Documentation	- Immediately following PCA administration tubing change Routine, Every 12 hours
[] PCA Documentation	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	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
A Medications - HMSJ Only (Single Response)	
fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL	

 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.
	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 i
	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	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 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

() hydromorPHONE (DILAUDID) 30 in sodium chloride 0.9% PCA for (Naive	Opioid 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	
	Assess POSS while patient has an active PCA order. Contact provider i
1 Notify Physician	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
[] Stop the PCA pump and call orde	responsible for IV PCA therapy Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute
physician and/or CERT team for a	
following:	- Severe and/or recent confusion or disorientation
Ū.	 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 Ther	- Urinary retention apy (Single
Response)	20 ml /br introvence: continueus
() sodium chloride 0.9 % infusion() dextrose 5% infusion	30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous
morPHINE PCA 30 mg/30 mL + Nurs	
[] morPHINE PCA 30 mg/30 mL (Sing	
() morPHINE PCA 30 mg/30 mL in s	
chloride 0.9% for Opioid Naive	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.

[] 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 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 prescrib
	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
1. N/ Elvide for any initial of DOA Thereasy (Oingle	- Urinary retention
[] IV Fluids for provision of PCA Therapy (Single	
Response)	20 ml /hm intervences continues
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
espiratory Depression and Somnolence	
K] 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.
/TE	
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions	(Selection Required) URL:
	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
	DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL:
Antiooaguiation Oulde for GOVID Patterits	URL. "https://formwoh.com/files/houstonmothodist/decuments/C

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

Single Response) (Selection Required)	
Moderate Risk - Patient currently has an active 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	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
Moderate Risk - Patient currently has an active 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	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
	er for
device continuous High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis (er for
device continuous High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis (Required)	er for (Selection

 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 encourga early ambulation PACU & Post-op
MODERATE Risk of DVT - Surgical (Selection R	
Moderate Risk Definition	
	Mechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
	nmation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 ho	urs
Anticipated length of stay GREATER than 48 hor Less than fully and independently ambulatory	urs
Anticipated length of stay GREATER than 48 hole Less than fully and independently ambulatory Estrogen therapy	urs
Anticipated length of stay GREATER than 48 hor Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	urs
Anticipated length of stay GREATER than 48 hole Less than fully and independently ambulatory Estrogen therapy	urs
Anticipated length of stay GREATER than 48 hor Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	urs
Anticipated length of stay GREATER than 48 hol Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	urs Routine, Once, PACU & Post-op
Anticipated length of stay GREATER than 48 hor Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	Routine, Once, PACU & Post-op Surgical
Anticipated length of stay GREATER than 48 hor 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 Moderate Risk Pharmacological Prophylaxis -	Routine, Once, PACU & Post-op Surgical d)
Anticipated length of stay GREATER than 48 hor 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 (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro-	Routine, Once, PACU & Post-op Surgical d) ophylaxis "And" Linked Panel Routine, Once
 Anticipated length of stay GREATER than 48 hot 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] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic pro BUT order Sequential compression device 	Routine, Once, PACU & Post-op Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
Anticipated length of stay GREATER than 48 hot 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 (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic	Routine, Once, PACU & Post-op Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Anticipated length of stay GREATER than 48 hor 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 (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Anticipated length of stay GREATER than 48 hor 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 OVTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required Ocontraindications exist for pharmacologic pro BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
 Anticipated length of stay GRÉATER than 48 hot 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 (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis 	Routine, Once, PACU & Post-op Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op ophylaxis "And" Linked Panel
Anticipated length of stay GRÉATER than 48 hor 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 (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis [] Contraindications exist for pharmacologic pro	Routine, Once, PACU & Post-op Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op ophylaxis "And" Linked Panel Routine, Once
 Anticipated length of stay GRÉATER than 48 hot 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 (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis 	Routine, Once, PACU & Post-op Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
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Anticipated length of stay GRÉATER than 48 hor 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 OVTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required Ocontraindications exist for pharmacologic pro BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic pro AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once
Anticipated length of stay GRÉATER than 48 hor 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 (Selection Required) Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required Ocontraindications exist for pharmacologic pro BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic pro AND mechanical prophylaxis Contraindications exist for pharmacologic pro AND mechanical prophylaxis	Routine, Once, PACU & Post-op Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op

Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU 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 enoxapa	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 	L/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 CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients 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) (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
() MODERATE Risk of DVT - Non-Surgical (Selection Required)	ו
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Me contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm	echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) 	tion
() Contraindications exist for pharmacologic prop Order Sequential compression device	ohylaxis - "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	
[] 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	ponse)
(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 enoxap () For CrCI LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	arin 40mg every 12 hours
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
 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 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 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] 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
HIGH Risk of DVT - Surgical (Selection Required)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	s must be addressed.
One or more of the following medical conditions:	
or protein S deficiency; hyperhomocysteinemia; r	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	ical Patient
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res	sponse)
(Selection Required) Patient renal status: @CRCL@	
doses by weight: Weight Dose LESS THAN 100kg opproprin 40mg daily	UAL to 30mL/min, enoxaparin orders will apply the following recommended
	rs
Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap () For CrCI LESS than 30mL/min - enoxaparin	rs parin 40mg every 12 hours
Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa	rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1
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 Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap () For CrCI LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCI GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection 	rs parin 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 If the patient does not have a history or suspected case of
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 Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap () For CrCI LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCI GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection 	rs parin 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 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
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 Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) 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) 	rs parin 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 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 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.
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 Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) 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) 	 rs parin 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 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Solou Units, subcutaneous, every 8 hours, Starting S+1 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, Starting S+1 For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1
Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap () For CrCI LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCI GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] 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 with weight GREATER than 100 kg () warfarin (COUMADIN) tablet	 (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 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM S,000 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1 Indication:
 Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) 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 with weight GREATER than 100 kg () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin 	 (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 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 8 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. 7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S
Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap () For CrCI LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCI GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] 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 with weight GREATER than 100 kg () warfarin (COUMADIN) tablet	 rs parin 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 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM S,000 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1 Indication:

Required)	Deutine Onee
() 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 Requ	uired)
High Risk Definition	/
Both pharmacologic AND mechanical prophylaxis	s must be addressed.
One or more of the following medical conditions:	
	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
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	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	sponse)
(Selection Required)	
Patient renal status: @CRCL@	
	UAL to 30mL/min, enoxaparin orders will apply the following recommende
doses by weight:	UAL to 30mL/min, enoxaparin orders will apply the following recommende
doses by weight: Weight Dose	UAL to 30mL/min, enoxaparin orders will apply the following recommende
doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily	
doses by weight: Weight Dose	rs
doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour	rs
doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour	rs parin 40mg every 12 hours
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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 CrCI LESS than 30mL/min - enoxaparin	rs parin 40mg every 12 hours
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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 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive
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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 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
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 CrCI LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCI GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection	rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
 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 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection 	rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
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 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 CrCI LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCI GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced 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
 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 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended 	rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 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) (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
() HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio Required)	n
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once, PACU & Post-op
 [] High Risk Of VTL [] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respons (Selection Required) 	r Knee
() 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 R	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQL doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 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	
[] 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 medicatio 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 than 50kg and age GREATER than 75yrs.
	heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
()	Rivaroxaban and Pharmacy Consult (Selection	For patients with weight GREATER than 100 kg.
[]	Required) rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op
[]	knee arthroplasty planned during this admission	Indications: VTE prophylaxis
[]	Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
	(XARELTO) therapy	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 device continuous	Routine, Continuous, PACU & Post-op
	ek end Brenhylevic Teel (Cingle Deenenee)	
	isk and Prophylaxis Tool (Single Response) /DVT Risk Definitions	URL:
,		"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
		DEFINITIONS.pdf"
Antic	coagulation Guide for COVID patients	URL:
		"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
anti	ient currently has an active order for therapeutic icoagulant or VTE prophylaxis with Risk Stratific	
	ngle Response) (Selection Required)	
ť	Moderate Risk - Patient currently has an active o herapeutic anticoagulant or VTE prophylaxis (Se Required)	
	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
	prophyloxic	therapeutic anticoagulation for other indication.
	prophylaxis	Therapy for the following:
		PACU & Post-op
	Place sequential compression device (Single Re	PACU & Post-op
[]	Place sequential compression device (Single R	PACU & Post-op esponse) Routine, Once No mechanical VTE prophylaxis due to the following
[]	Place sequential compression device (Single Re Contraindications exist for mechanical	PACU & Post-op esponse) Routine, Once

Required)	
	Routine, Once, PACU & Post-op
	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	
	Routine, Once
propnylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s): PACU & Post-op
Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
ligh Risk - Patient currently has an active ord	er for
nerapeutic anticoagulant or VTE prophylaxis	(Selection
	Routine, Once, PACU & Post-op
	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
	Response) Routine, Once
	No mechanical VTE prophylaxis due to the following
propriyaxio	contraindication(s):
	PACU & Post-op
Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
ligh Risk - Patient currently has an active ord nerapeutic anticoagulant or VTE prophylaxis 2 aguired)	
	Routine, Once, PACU & Post-op
	Routine, Once
	No pharmacologic VTE prophylaxis because: patient is already on
	therapeutic anticoagulation for other indication.
	Therapy for the following:
	PACU & Post-op
· · · · ·	
	Routine, Once
propriylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s): PACU & Post-op
Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	, , <u>, , , , , , , , , , , , , , , , , </u>
e less than 60 years and NO other VTE risk fa	actors
ow Risk (Single Response) (Selection Requi	red)
	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga
	early ambulation
	Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous ligh Risk - Patient currently has an active order reapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single Contraindications exist for mechanical prophylaxis Place sequential compression device (Single Contraindications exist for mechanical prophylaxis Place sequential compression device (Single Contraindications exist for mechanical prophylaxis Place sequential compression device (Single Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous ligh Risk - Patient currently has an active order erapeutic anticoagulant or VTE prophylaxis Place/Maintain sequential compression device continuous ligh Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single Contraindications exist for mechanical prophylaxis Place sequential compression device (Single Contraindications exist for mechanical prophylaxis Place sequential compression device (Single Contraindications exist for mechanical prophylaxis Place sequential compression device (Single Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous V Risk of DVT (Selection Required) / Risk Definition eless than 60 years and NO other VTE risk fa

Moderate Risk Definition	hanical prophylaxis is optional unless pharmacologic is
contraindicated.	namical propriyaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	on, dehydration, varicose veins, cancer, sepsis, obesity, previous g swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	y swelling, dicers, vendus stasis and hephrotic syndrome
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	
Major surgery within 5 months of admission	
[] Moderate Risk (Selection Required) [] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - Sur	
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophy BUT order Sequential compression device	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following
ριοριγιακίs	contraindication(s):
	PACU & Post-op
 Place/Maintain sequential compression device continuous 	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic prophy	laxis "And" Linked Panel
AND mechanical prophylaxis [] Contraindications exist for pharmacologic	Routine, Once
[] Contraindications exist for pharmacologic prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Oratesia directioner suist for morehanised	PACU & Post-op
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following
propriylaxia	contraindication(s):
	PACU & Post-op
 enoxaparin (LOVENOX) injection (Single Respor (Selection Required) 	ise)
Patient renal status: @CRCL@	
doses by weight:	to 30mL/min, enoxaparin orders will apply the following recommended
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapari	a 40mg every 12 bours
() For CrCl LESS than 30mL/min - enoxaparin (LC	
[] 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 medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
		Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg		7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Se 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
	DERATE Risk of DVT - Non-Surgical (Selectio quired)	n
con One CHI stro Age	ntraindicated. e or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamm oke, rheumatologic disease, sickle cell disease, e 60 and above	lechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Hist Ant Les Esti Mod	ntral line tory of DVT or family history of VTE ticipated length of stay GREATER than 48 hour as than fully and independently ambulatory trogen therapy derate or major surgery (not for cancer) jor surgery within 3 months of admission	rs
Hist Ant Les Est Moo Maj	tory of DVT or family history of VTE cicipated length of stay GREATER than 48 hour as than fully and independently ambulatory rogen therapy derate or major surgery (not for cancer) jor surgery within 3 months of admission Moderate Risk (Selection Required)	
Hist Ant Les Est Mod Maj	tory of DVT or family history of VTE cicipated length of stay GREATER than 48 hour as than fully and independently ambulatory rogen therapy derate or major surgery (not for cancer) jor surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection	Routine, Once, PACU & Post-op
Hist Ant Les Esti Moo Maj	tory of DVT or family history of VTE ticipated length of stay GREATER than 48 hour as than fully and independently ambulatory rogen therapy derate or major surgery (not for cancer) jor surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) Contraindications exist for pharmacologic prop	Routine, Once, PACU & Post-op tion
Hist Ant Les Esti Moo Maj	tory of DVT or family history of VTE ticipated length of stay GREATER than 48 hour as than fully and independently ambulatory rogen therapy derate or major surgery (not for cancer) jor surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)	Routine, Once, PACU & Post-op tion

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 contraindication(s): PACU & Post-op
ponse)
JAL to 30mL/min, enoxaparin orders will apply the following recommended s Parin 40mg every 12 hours
(LOVENOX)
30 mg, subcutaneous, daily at 1700 Indication(s):
nL/min -
subcutaneous Indication(s):
2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
5,000 Units, subcutaneous, every 8 hours
5,000 Units, subcutaneous, every 12 hours 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 For patients with weight GREATER than 100 kg.
oral, daily at 1700 Indication:
STAT, Until discontinued, Starting S Indication:
lection
Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
Routine, Continuous, PACU & Post-op

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

High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	
	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 - Surgio	cal Patient
(Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp	ponse)
(Selection Required)	·
Patient renal status: @CRCL@	
For patients with CrCI GREATER than or EQU	IAL 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 enoxap	arin 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 n	nL/min -
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
	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	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
Propris and	PACU & Post-op
	•

() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
HIGH Risk of DVT - Non-Surgical (Selection Rec	uired)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxi One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin var or protein S deficiency; hyperhomocysteinemia; i Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	riant 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)	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily	UAL to 30mL/min, enoxaparin orders will apply the following recommended
For patients with CrCI GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa	irs parin 40mg every 12 hours
 For patients with CrCI GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCI LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 	rs parin 40mg every 12 hours n (LOVENOX)
For patients with CrCI GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa	irs parin 40mg every 12 hours
 For patients with CrCI GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCI LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 	ars parin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):
For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30	ars parin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):
For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous	Irs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of
For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	Irs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection	Irs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS
For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] 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	Irs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] 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)	Irs parin 40mg every 12 hours a) (LOVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced 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.

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 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) (Select Required)	ion
High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; 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	: ariant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Respo (Selection Required)	nse)
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	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	
[] 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 Re (Selection Required)	esponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or Ed doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 ho GREATER THAN or EQUAL to 140kg enox	
() For CrCl LESS than 30mL/min - enoxapari	in (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 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
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() 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.	Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
with weight GREATER than 100 kg	Post-op
	For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op
knee arthroplasty planned during this	Indications: VTE prophylaxis
admission [] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Sele	ection
Required) () 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
[] Basic metabolic panel	Once, PACU & Post-op
[] CBC hemogram	Once, PACU & Post-op
Partial thromboplastin time	Once, PACU & Post-op
Prothrombin time with INR	Once, PACU & Post-op
[] Sodium level - every 6 hours for 2 days	Every 6 hours For 2 Days
[X] POC specific gravity, urine, qualitative, dipstick	Every hour For 2 Days While Foley inserted and with each void when Foley is
	removed., PACU & Post-op
Labs - Tomorrow A.M.	
[] Hemoglobin and hematocrit	AM draw For 1 Occurrences, PACU & Post-op
[X] Basic metabolic panel	AM draw For 1 Occurrences
	Repeat for 3 days., PACU & Post-op
[X] CBC hemogram	AM draw For 1 Occurrences, PACU & Post-op
Partial thromboplastin time	AM draw For 1 Occurrences, PACU & Post-op
[] Prothrombin time with INR	AM draw For 1 Occurrences, PACU & Post-op
[] Testosterone, total, immunoassay (for adult males)	
[] Growth hormone [] [] Prolactin []	AM draw For 1 Occurrences, PACU & Post-op
Follicle stimulating hormone	AM draw For 1 Occurrences, PACU & Post-op AM draw For 1 Occurrences, PACU & Post-op
Luteinizing hormone	
[] Cortisol level, AM	
	AM draw For 1 Occurrences, PACU & Post-op
	AM draw For 1 Occurrences, PACU & Post-op AM draw For 1 Occurrences, PACU & Post-op
[] Estradiol	AM draw For 1 Occurrences, PACU & Post-op AM draw For 1 Occurrences, PACU & Post-op AM draw For 1 Occurrences, PACU & Post-op
[] Estradiol	AM draw For 1 Occurrences, PACU & Post-op AM draw For 1 Occurrences, PACU & Post-op

Imaging

Diagnostic MRI/MRA

[]		MRI	Brain	W	Contrast
----	--	-----	-------	---	----------

Diagnostic X-ray

[] Chest 1 Vw Portable

Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op

Respiratory

Respiratory	
[] Oxygen therapy - Simple face mask	Routine, Continuous
	Device: Simple Face Mask
	Rate in liters per minute: 6 Lpm
	Rate in tenths of a liter per minute:
	O2 %:
	Titrate to keep O2 Sat Above: 92%
	Indications for O2 therapy:
	Device 2:
	Device 3:
	Wean prn., PACU & Post-op
[] Mechanical ventilation	Routine, PACU & Post-op
	Mechanical Ventilation:
	Vent Management Strategies: Adult Respiratory Ventilator
	Protocol

Consults

For Physician Consult orders use sidebar

Ancillary Consults

[] Consult to Case Management	Consult Reason:
	PACU & Post-op
[] Consult to Social Work	Reason for Consult:
	PACU & Post-op
[X] Consult 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:
	Location of Wound?
	PACU & Post-op
[X] Consult 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?
· · ·	PACU & Post-op
[] Consult to Speech Language Pathology	Routine, Once
	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?
	PACU & Post-op
Physician Consults	
[X] Consult Intensive Care	Reason for Consult? ICU care
	Patient/Clinical information communicated? Telephone
	Patient/clinical information communicated? Telephone
	PACU & Post-op
[] Consult Physical Medicine Rehab	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/clinical information communicated?