Transsphenoidal Surgery Post-Op [1739]

General

Common Present on Admission Diagnosis

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

Elective Outpatient, Observation, or Admission (Single Response)

( )	Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
( )	Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
( )	Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
( )	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)

Patient has active outpatient status order on file

( ) Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
( ) Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
( ) Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
( ) Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
( ) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

Admission (Single Response)

Patient has active status order on file

( ) Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
( ) Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
( ) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

Transfer (Single Response)

Patient has active inpatient status order on file

( ) Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
( ) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

Code Status (Single Response)

( ) Full code	Code Status decision reached by: Post-op

( ) DNR (Do Not Resuscitate) (Selection Required)

[ ] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Post-op
[ ] Consult to Palliative Care Service	

[ ]	Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[ ]	Consult to Social Work	Reason for Consult: Post-op
( )	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 NOT in a cardiopulmonary arrest))	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op

Isolation

[ ]	Airborne isolation status	
[ ]	Airborne isolation status	Details
[ ]	Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, 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

Vital Signs (Single Response)

(X)	Vital signs - T/P/R/BP	Routine, Per unit protocol With Neuro exam., PACU & Post-op

Activity

[ ]	Strict bed rest	Routine, Until discontinued, Starting S, PACU & Post-op
[ ]	Up with assistance	Routine, Until discontinued, Starting S Specify: Up with assistance PACU & Post-op
[ ]	Up in chair for meals	Routine, Until discontinued, Starting S Specify: Up in chair Additional modifier: for meals All meals, PACU & Post-op
[X]	Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees PACU & Post-op

Nursing

[ ]	Place antiembolic stockings - Bilateral Thigh	Routine, Once, PACU & Post-op

[ ] 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 PACU & Post-op
[ ] Insert and maintain Foley	
[ ] Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: PACU & Post-op
[ ] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain If unable 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 Location: Site: Apply: Dressing Type: Open to air? PACU & Post-op
[ ] Reinforce dressing	Routine, As needed Reinforce with: If saturated., PACU & Post-op
[X] Strict intake and output	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. PACU & Post-op
[X] No anticoagulants INcluding UNfractionated heparin	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 respiratory compromised)	Routine, Until discontinued, Starting S Avoid CPAP/BiPAP and Notify physician if respiratory is 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)

( ) lactated Ringer's infusion	intravenous, continuous, Post-op
( ) 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 PO q12h x1 day, followed by 20 mg qam, 10 mg qpm)	
[X] hydrocortisone sodium succinate (Solu-CORTEF) injection	50 mg, intravenous, every 6 hours scheduled, Post-op
[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

[ ] 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 PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[X]	pseudoephedrine (SUDAFED) 12 hr tablet - begin post-op day #1	120 mg, oral, every 12 hours scheduled, Starting S+1, Post-op
[X]	fexofenadine (ALLEGRA) tablet - begin post-op day #1	60 mg, oral, every 12 hours scheduled, Starting S+1, Post-op
[X]	sodium chloride (OCEAN) 0.65 % nasal spray - begin post-op day #2	2 spray, Each Nare, every 2 hour PRN, congestion, Starting 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 than 1.005, Post-op

Antibiotics (Single Response)

( ) Antibiotics - Neurosurgery - patients with surgical site drains

[ ] Antibiotics: For Patients LESS than or EQUAL to 120 kg

[ ]	cefazolin (ANCEF) IV - until drains removed	1 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
[ ]	cefepime (MAXIPIME) IV	2 g, intravenous, every 12 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration

[ ] vancomycin 15 mg/kg IV + Pharmacy Consult (Selection Required)

[ ]	vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis
[ ]	Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Surgical Prophylaxis Duration of Therapy (Days): Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration Indication: Implanted Device Prophylaxis

[ ] Antibiotics: For Patients GREATER than 120 kg

[ ]	cefazolin (ANCEF) IV - until drains removed	1 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
[ ]	cefepime (MAXIPIME) IV	2 g, intravenous, every 12 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration

[ ] vancomycin 15 mg/kg IV + Pharmacy Consult (Selection Required)

[ ]	vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis
[ ]	Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Surgical Prophylaxis Duration of Therapy (Days): Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration Indication: Implanted Device Prophylaxis

( ) Antibiotics - Neurosurgery - patients withOUT surgical site drains

[ ] Antibiotics: For Patients LESS than or EQUAL to 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 (Selection Required)	
[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis
[ ] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Surgical Prophylaxis Duration of Therapy (Days): Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration 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 (Selection Required)	
[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis
[ ] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Surgical Prophylaxis Duration of Therapy (Days): Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration Indication: Implanted Device Prophylaxis

Muscle Relaxants (Single Response)

( ) methocarbamol (ROBAXIN) 500 mg in sodium chloride 0.9 % 100 mL IVPB	500 mg, intravenous, Administer over: 60 Minutes, every 8 hours PRN, muscle spasms, Post-op
( ) methocarbamol (ROBAXIN) tablet	500 mg, oral, every 8 hours PRN, muscle spasms, Post-op
( ) cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 8 hours PRN, muscle spasms, Post-op

Antiemetics

[X] ondansetron (ZOFRAN) IV or Oral (Selection Required)	**"Or" Linked Panel**
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) IV or Oral or Rectal	**"Or" Linked Panel**
[ ] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

[ ]	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
[ ]	scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old	1 patch, transdermal, Administer over: 72 Hours, every 72 hours, Post-op

PRN Medications - Symptom Management

[X]	acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op

[ ] Itching - Neurosurgery medications (Single Response)

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

PRN Medications - Bowel Management

[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
[ ]	magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation, Post-op
[ ]	bisacodyl (DULCOLAX) EC tablet	5 mg, oral, daily PRN, constipation, Post-op
[ ]	bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op
[ ]	magnesium citrate solution	150 mL, oral, daily PRN, constipation, For 2 Doses, Post-op

PRN Medications - Pain - Pain Score (1-3) (Single Response)

( )	acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, mild pain (score 1-3), Post-op
( )	traMADol (ULTRAM) tablet	25 mg, oral, every 4 hours PRN, mild pain (score 1-3), Post-op Maximum Daily Dose: 200 mg/day Allowance for Patient Preference:

PRN Medications - Pain - Pain Score (4-6) (Single Response)

( )	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Allowance for Patient Preference:
( )	acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:
( )	traMADol (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum Daily Dose: 200 mg/day Allowance for Patient Preference:

PRN Medications - Pain - Pain Score (7-10) (Single Response)

( )	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Allowance for Patient Preference:
( )	acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:
( )	fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op Allowance for Patient Preference:

( ) morPHINE injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Allowance for Patient Preference:
( ) hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op

PCA Medications - Not HMSJ (Single Response)

( ) fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders

[ ] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL (Single Response)

( ) fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA solution for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout: 10 Minutes Four Hour Dose Limit: 150 mcg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mcg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. Adjust doses for age, renal function or other factors.

[ ] Nursing PCA Orders

[ ] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change
[ ] PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume).
[ ] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button.
[ ] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4.
[ ] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy
[ ] Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention

[ ] IV Fluids for provision of PCA Therapy (Single Response)

( ) sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
( ) dextrose 5% infusion	30 mL/hr, intravenous, continuous

( ) hydromorPHONE PCA (DILAUDID) 15 mg/30 mL + Nursing PCA Orders	
[ ] hydromorPHONE PCA (DILAUDID) 15 mg/30 mL (Single Response)	
( ) 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
( ) dextrose 5% infusion	30 mL/hr, intravenous, continuous
( ) morPHINE PCA 30 mg/30 mL + Nursing PCA Orders	
[ ] morPHINE PCA 30 mg/30 mL (Single Response)	

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

PCA Medications - HMSJ Only (Single Response)

( ) fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders	
[ ] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL (Single Response)	

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

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

[ ] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change
[ ] PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume).
[ ] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button.
[ ] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4.
[ ] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy
[ ] Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention
[ ] IV Fluids for provision of PCA Therapy (Single Response)	
( ) sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
( ) dextrose 5% infusion	30 mL/hr, intravenous, continuous

Respiratory Depression and Somnolence

[X] naloxone (NARCAN) injection	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3). Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.

VTE

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

VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

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

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

[ ] Moderate risk of VTE	Routine, 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 order for therapeutic anticoagulant or VTE prophylaxis (Selection 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

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

[ ] High risk of VTE	Routine, Once, PACU & Post-op
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op

[ ] Place sequential compression device (Single Response)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

( ) LOW Risk of DVT (Selection Required)

Low Risk Definition
Age less than 60 years and NO other VTE risk factors

[ ] Low Risk (Single Response) (Selection Required)

( )	Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above
Central line
History of DVT or family history of VTE
Anticipated length of stay GREATER than 48 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)

[ ]	Moderate risk of VTE	Routine, Once, PACU & Post-op

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

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

[ ]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[ ]	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

[ ]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[ ]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( )	For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
[ ]	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
( )	For CrCl GREATER than or EQUAL TO 30 mL/min - 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 of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( )	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( )	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( )	heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
( )	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( )	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ]	Mechanical Prophylaxis (Single Response) (Selection 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

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above
Central line
History of DVT or family history of VTE
Anticipated length of stay GREATER than 48 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE — Routine, Once, PACU & Post-op

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

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

[ ] Contraindications exist for pharmacologic prophylaxis — Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):
PACU & Post-op

[ ] Place/Maintain sequential compression device continuous — Routine, Continuous, PACU & Post-op

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

[ ] Contraindications exist for pharmacologic prophylaxis — Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):
PACU & Post-op

[ ] Contraindications exist for mechanical prophylaxis — Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):
PACU & Post-op

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

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

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

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

( ) heparin (porcine) injection — 5,000 Units, subcutaneous, every 8 hours

( ) 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) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once, PACU & Post-op

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

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
[ ] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
( ) For CrCl GREATER than or EQUAL TO 30 mL/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 for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once, PACU & Post-op

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

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

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

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

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.

( )	warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
( )	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

( )	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( )	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

( ) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

[ ]	High risk of VTE	Routine, Once, PACU & Post-op

[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

( )	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( )	aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
( )	aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op

( ) Apixaban and Pharmacy Consult (Selection Required)

[ ]	apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[ ]	Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

[ ]	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):

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

[ ]	enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) Rivaroxaban and Pharmacy Consult (Selection Required)	
[ ] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[ ] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection 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

DVT Risk and Prophylaxis Tool (Single Response)

VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)	
( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
[ ] Moderate risk of VTE	Routine, 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 order for therapeutic anticoagulant or VTE prophylaxis (Selection 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

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

[ ] High risk of VTE	Routine, Once, PACU & Post-op
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[ ] Place sequential compression device (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

( ) LOW Risk of DVT (Selection Required)

Low Risk Definition
Age less than 60 years and NO other VTE risk factors

[ ] Low Risk (Single Response) (Selection Required)	
( ) Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above
Central line
History of DVT or family history of VTE
Anticipated length of stay GREATER than 48 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)

[ ]	Moderate risk of VTE	Routine, Once, PACU & Post-op

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

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

[ ]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[ ]	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

[ ]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[ ]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

[ ]	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - 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 of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Mechanical Prophylaxis (Single Response) (Selection 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

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above
Central line
History of DVT or family history of VTE
Anticipated length of stay GREATER than 48 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE	Routine, Once, PACU & Post-op

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

( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	**"And" Linked Panel**
[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	**"And" Linked Panel**

[ ]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[ ]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

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

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

( )	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( )	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( )	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) (Selection Required)

( )	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( )	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once, PACU & Post-op

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

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
[ ] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
( ) For CrCl GREATER than or EQUAL TO 30 mL/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 for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op

( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once, PACU & Post-op

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

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

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

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

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

( ) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once, PACU & Post-op

[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
( ) Apixaban and Pharmacy Consult (Selection Required)	
[ ] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
[ ] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
[ ] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

( )	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( )	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( )	heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
( )	Rivaroxaban and Pharmacy Consult (Selection Required)	
[ ]	rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[ ]	Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
( )	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( )	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ]	Mechanical Prophylaxis (Single Response) (Selection 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

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)	AM draw For 1 Occurrences, PACU & Post-op
[ ]	Growth hormone	AM draw For 1 Occurrences, PACU & Post-op
[ ]	Prolactin	AM draw For 1 Occurrences, PACU & Post-op
[ ]	Follicle stimulating hormone	AM draw For 1 Occurrences, PACU & Post-op
[ ]	Luteinizing hormone	AM draw For 1 Occurrences, PACU & Post-op
[ ]	Cortisol level, AM	AM draw For 1 Occurrences, PACU & Post-op
[ ]	Estradiol	AM draw For 1 Occurrences, PACU & Post-op
[ ]	TSH	AM draw For 1 Occurrences, PACU & Post-op

Imaging

Diagnostic MRI/MRA

[ ] MRI Brain W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Perform early A.M. Pituitary protocol, PACU & Post-op

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? PACU & Post-op