## General

**Common Present on Admission Diagnosis** 

] Acidosis		Details
] Acute Post-Hemorrhagic	Anemia	Details
] Acute Renal Failure		Details
] Acute Respiratory Failure		Details
] Acute Thromboembolism Extremities	of Deep Veins of Lower	Details
] Anemia		Details
] Bacteremia		Details
] Bipolar disorder, unspecif	ied	Details
] Cardiac Arrest		Details
] Cardiac Dysrhythmia		Details
] Cardiogenic Shock		Details
] Decubitus Ulcer		Details
] Dementia in Conditions C	lassified Elsewhere	Details
] Disorder of Liver		Details
Electrolyte and Fluid Diso	rder	Details
] Intestinal Infection due to		Details
] Methicillin Resistant Stapl	nylococcus Aureus Infection	Details
] Obstructive Chronic Brone		Details
] Other Alteration of Consci	ousness	Details
] Other and Unspecified Co	agulation Defects	Details
] Other Pulmonary Embolis	•	Details
] Phlebitis and Thrombophl		Details
] Protein-calorie Malnutritio		Details
] Psychosis, unspecified ps		Details
] Schizophrenia Disorder	Jeneere 194 e	Details
] Sepsis		Details
] Septic Shock		Details
] Septicemia		Details
] Type II or Unspecified Typ	be Diabetes Mellitus with Not Stated as Uncontrolled	Details
] Urinary Tract Infection, Si		Details
Admission or Observation	(Single Response) (Selection	n Required)
) Admit to Inpatient		Admitting Physician:
•		Level of Care:
		Patient Condition:
		Bed request comments:
		Certification: I certify that based on my best clinical judgmen
		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.
) Outpatient observation se	rvices under general	Admitting Physician:
supervision		Patient Condition:
		Bed request comments:
<ul> <li>Outpatient in a bed - extent</li> </ul>	naea recovery	Admitting Physician:
		Bed request comments:

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.
) Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
) Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
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.
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	r 0st-op
[] 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:
) Medified Code	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:
) Treatment Destrictions //For use where a set of the	Post-op
) Treatment Restrictions ((For use when a patient is	
in a cardiopulmonary arrest))	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	
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you	Once, Post-op
suspect Tuberculosis, please order this test	
for rapid diagnostics. Contact isolation status	Details
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] 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, 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
[] Activity as tolerated	Routine, Until discontinued, Starting S
	Specify: Activity as tolerated PACU & Post-op
[] All meals out of bed	Routine, Until discontinued, Starting S
[] All meals out of bed	All meals out of bed, PACU & Post-op
[] Head of bed 30 degrees	Routine, Until discontinued, Starting S
	Head of bed: 30 degrees
	PACU & Post-op
[] Head of bed flat	Routine, Until discontinued, Starting S
	Head of bed: flat
	PACU & Post-op
Nursing	
[X] Assess operative site	Routine, Every 8 hours
	For bleeding, reinforce dressing, notify physician., PACU &
	Post-op
[X] Assess for pain	Routine, Every 4 hours
	Assess: for Pain
	PACU & Post-op
[X] Neurological assessment	Routine, Every 4 hours
	Assessment to Perform:
	PACU & Post-op
[] Straight cath	Routine, Every 6 hours
	If unable to void after second attempt, insert Foley and call
[V] Urinomy anthonor removal as as as a secolation (	physician., PACU & Post-op
<ul> <li>[X] Urinary catheter removal as soon as possible after surgery (preferably within 24 hours)</li> </ul>	<ul> <li>Routine, Until discontinued, Starting S</li> <li>Urinary catheter removal as soon as possible after surgery</li> </ul>
Surgery (precerably within 24 HOUIS)	(preferably within 24 hours)
[] Insert/Maintain Foley and Notify	
[] Insert Foley catheter	Routine, Once
	Type:
	Size:
	Urinometer needed:
	Indication:
	PACU & Post-op
[] Foley catheter care	Routine, Until discontinued, Starting S
	Orders: Maintain

[] Notify Physician if unable to void after Routing second attempt at straight cath and Foley	
inserted	
Surgical/incision site care	Routine, Once
	Location:
	Site:
	Apply:
	Dressing Type: Open to air?
	PACU & Post-op
] Reinforce dressing	Routine, As needed
] Reinforce dressing	Reinforce with:
	If saturated., PACU & Post-op
] Cervical collar - soft	Routine, Once
	Type of Collar to Apply: Soft cervical collar
	Special Instructions: obtain from central supply
	PACU & Post-op
] Place antiembolic stockings	Routine, Once, PACU & Post-op
X] No anticoagulants INcluding UNfractionated heparin	Routine, Until discontinued, Starting S
	Reason for "No" order: Neurosurgery Functional Procedure
	PACU & Post-op
X] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S
	Reason for "No" order: Post Neurosurgery Functional
	Procedure
	PACU & Post-op
lotify	
·	
X] Notify Physician if acute change in neurological status	Routine, Until discontinued, Starting S, PACU & Post-op
X] Notify Physician for itching	Routine, Until discontinued, Starting S, PACU & Post-op
X] Notify Physician bleeding at site	Routine, Until discontinued, Starting S, PACU & Post-op
X] Notify Physician of No Bowel Movement for more than	Routine, Until discontinued, Starting S, PACU & Post-op
72 hours	
72 hours	
Diet	Diet effective now Starting S
Diet	Diet effective now, Starting S Diet(s): Clear Liquids
Diet	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes
Diet	Diet(s): Clear Liquids Advance Diet as Tolerated? Yes
Diet	Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Regular
Diet	Diet(s): Clear Liquids Advance Diet as Tolerated? Yes
Diet	Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Regular Advance target diet criteria: Please assess bowel sounds
Diet	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:
Diet	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:
Diet - Clear liquids (advance as tolerated to Regular)	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: PACU & Post-op
Diet ] Diet - Clear liquids (advance as tolerated to Regular)	<ul> <li>Diet(s): Clear Liquids</li> <li>Advance Diet as Tolerated? Yes</li> <li>Target Diet: Regular</li> <li>Advance target diet criteria: Please assess bowel sounds</li> <li>between progressions.</li> <li>IDDSI Liquid Consistency:</li> <li>Fluid Restriction:</li> <li>Foods to Avoid:</li> <li>PACU &amp; Post-op</li> <li>Diet effective now, Starting S</li> </ul>
Diet - Clear liquids (advance as tolerated to Regular)	<ul> <li>Diet(s): Clear Liquids</li> <li>Advance Diet as Tolerated? Yes</li> <li>Target Diet: Regular</li> <li>Advance target diet criteria: Please assess bowel sounds</li> <li>between progressions.</li> <li>IDDSI Liquid Consistency:</li> <li>Fluid Restriction:</li> <li>Foods to Avoid:</li> <li>PACU &amp; Post-op</li> <li>Diet effective now, Starting S</li> <li>Diet(s): Full Liquids</li> </ul>
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Diet - Clear liquids (advance as tolerated to Regular)          ] Diet - Full liquids	<ul> <li>Diet(s): Clear Liquids</li> <li>Advance Diet as Tolerated? Yes</li> <li>Target Diet: Regular</li> <li>Advance target diet criteria: Please assess bowel sounds</li> <li>between progressions.</li> <li>IDDSI Liquid Consistency:</li> <li>Fluid Restriction:</li> <li>Foods to Avoid:</li> <li>PACU &amp; Post-op</li> <li>Diet effective now, Starting S</li> <li>Diet(s): Full Liquids</li> <li>Advance Diet as Tolerated?</li> <li>IDDSI Liquid Consistency:</li> <li>Fluid Restriction:</li> <li>Foods to Avoid:</li> <li>PACU &amp; Post-op</li> <li>Diet effective now, Starting S</li> <li>Diet(s): Full Liquids</li> <li>Advance Diet as Tolerated?</li> <li>IDDSI Liquid Consistency:</li> <li>Fluid Restriction:</li> <li>Foods to Avoid:</li> <li>PACU &amp; Post-op</li> <li>Diet effective now, Starting S</li> <li>Diet(s): Regular</li> <li>Advance Diet as Tolerated?</li> </ul>
Diet - Clear liquids (advance as tolerated to Regular)          ] Diet - Full liquids	<ul> <li>Diet(s): Clear Liquids</li> <li>Advance Diet as Tolerated? Yes</li> <li>Target Diet: Regular</li> <li>Advance target diet criteria: Please assess bowel sounds</li> <li>between progressions.</li> <li>IDDSI Liquid Consistency:</li> <li>Fluid Restriction:</li> <li>Foods to Avoid:</li> <li>PACU &amp; Post-op</li> <li>Diet effective now, Starting S</li> <li>Diet(s): Full Liquids</li> <li>Advance Diet as Tolerated?</li> <li>IDDSI Liquid Consistency:</li> <li>Fluid Restriction:</li> <li>Foods to Avoid:</li> <li>PACU &amp; Post-op</li> <li>Diet effective now, Starting S</li> <li>Diet(s): Full Liquids</li> <li>Advance Diet as Tolerated?</li> <li>IDDSI Liquid Consistency:</li> <li>Fluid Restriction:</li> <li>Foods to Avoid:</li> <li>PACU &amp; Post-op</li> <li>Diet effective now, Starting S</li> <li>Diet(s): Regular</li> <li>Advance Diet as Tolerated?</li> <li>IDDSI Liquid Consistency:</li> <li>IDDSI Liquid Consistency:</li> <li>Diet(s): Regular</li> <li>Advance Diet as Tolerated?</li> <li>IDDSI Liquid Consistency:</li> </ul>
Diet - Clear liquids (advance as tolerated to Regular)          ] Diet - Full liquids	<ul> <li>Diet(s): Clear Liquids</li> <li>Advance Diet as Tolerated? Yes</li> <li>Target Diet: Regular</li> <li>Advance target diet criteria: Please assess bowel sounds</li> <li>between progressions.</li> <li>IDDSI Liquid Consistency:</li> <li>Fluid Restriction:</li> <li>Foods to Avoid:</li> <li>PACU &amp; Post-op</li> <li>Diet effective now, Starting S</li> <li>Diet(s): Full Liquids</li> <li>Advance Diet as Tolerated?</li> <li>IDDSI Liquid Consistency:</li> <li>Fluid Restriction:</li> <li>Foods to Avoid:</li> <li>PACU &amp; Post-op</li> <li>Diet effective now, Starting S</li> <li>Diet(s): Full Liquids</li> <li>Advance Diet as Tolerated?</li> <li>IDDSI Liquid Consistency:</li> <li>Fluid Restriction:</li> <li>Foods to Avoid:</li> <li>PACU &amp; Post-op</li> <li>Diet effective now, Starting S</li> <li>Diet(s): Regular</li> <li>Advance Diet as Tolerated?</li> </ul>

] Diet - Heart healthy	Diet effective now, Starting S Diet(s): Heart Healthy
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction: Foods to Avoid:
	PACU & Post-op
] Diet - 2000 Kcal/225 gm Carb	Diet effective now, Starting S
	Diet(s): 2000 Kcal/225 gm Carbohydrate
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency: Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
] Diet	Diet effective now, Starting S
	Diet(s):
	Other Options: Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Foods to Avoid:
	PACU & Post-op
V Fluids	
/ Fluids (Single Response)	
) lactated Ringer's infusion	intravenous, continuous, Post-op
) sodium chloride 0.9 % infusion	intravenous, continuous, Post-op
) sodium chloride 0.9 % with potassium chloride 20 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
<b>Medications</b>	
luscle 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
Iuscle Relaxants - Refractory Treatments (Single Respons	se)
Avoid postoperative diazepam ? 65 years of age	
) diazepam (VALIUM) injection	2.5 mg, intravenous, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op
	inadequate muscle spasm relief following administration of other agents, Post-op Indication(s): Other
) diazepam (VALIUM) injection	inadequate muscle spasm relief following administration of other agents, Post-op Indication(s): Other Specify: Muscle Relaxant
	<ul> <li>inadequate muscle spasm relief following administration of other agents, Post-op Indication(s): Other</li> <li>Specify: Muscle Relaxant</li> <li>2.5 mg, oral, every 8 hours PRN, muscle spasms, inadequa muscle spasm relief following administration of other agents Post-op</li> </ul>
) diazepam (VALIUM) injection	<ul> <li>inadequate muscle spasm relief following administration of other agents, Post-op Indication(s): Other</li> <li>Specify: Muscle Relaxant</li> <li>2.5 mg, oral, every 8 hours PRN, muscle spasms, inadequa muscle spasm relief following administration of other agents</li> </ul>
) diazepam (VALIUM) injection ) diazepam (VALIUM) tablet	<ul> <li>inadequate muscle spasm relief following administration of other agents, Post-op</li> <li>Indication(s): Other</li> <li>Specify: Muscle Relaxant</li> <li>2.5 mg, oral, every 8 hours PRN, muscle spasms, inadequa muscle spasm relief following administration of other agents Post-op</li> <li>Indication(s): Other</li> </ul>
) diazepam (VALIUM) injection	<ul> <li>inadequate muscle spasm relief following administration of other agents, Post-op</li> <li>Indication(s): Other</li> <li>Specify: Muscle Relaxant</li> <li>2.5 mg, oral, every 8 hours PRN, muscle spasms, inadequa muscle spasm relief following administration of other agents Post-op</li> <li>Indication(s): Other</li> </ul>

[X] ondansetron (ZOFRAN) 4 mg/2 mL injection		ravenous, every 8 hours PRN, nausea, vomiting, Post-op atient is UNable to tolerate oral medication OR if a faster onset o required.
promethazine (PHENERGAN) IV or Oral or Rect		"Or" Linked Panel
[] promethazine (PHENERGAN) 12.5 mg IV	Give if or	intravenous, every 6 hours PRN, nausea, vomiting, Post-op ndansetron (ZOFRAN) is ineffective and patient is UNable to oral or rectal medication OR if a faster onset of action is required
[] promethazine (PHENERGAN) tablet		oral, every 6 hours PRN, nausea, vomiting, Post-op ndansetron (ZOFRAN) is ineffective and patient is able to tolera ication.
[] promethazine (PHENERGAN) suppository	Give if or	rectal, every 6 hours PRN, nausea, vomiting, Post-op ndansetron (ZOFRAN) is ineffective and patient is UNable to oral medication.
scopolamine (TRANSDERM-SCOP) 1.5 mg (1 n days) - For Patients LESS than 65 years old	ng over 3	1 patch, transdermal, Administer over: 72 Hours, every 72 hours, Post-op
RN 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:
RN Medications - Pain - Pain Score (4-6) (Single	Response	
HYDROcodone-acetaminophen (NORCO) 5-325 tablet	5 mg per	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
acetaminophen-codeine (TYLENOL #3) 300-30 tablet	mg per	Allowance for Patient Preference: 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:
RN Medications - Pain - Pain Score (7-10) (Sing	le Respons	se)
HYDROcodone-acetaminophen (NORCO) 5-325 tablet	5 mg per	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Allowance for Patient Preference:
acetaminophen-codeine (TYLENOL #3) 300-30 tablet	mg per	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
CA Medications - Not HMSJ (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
	<ul> <li>Every 4 hours until PCA therapy is discontinued.</li> </ul>
	<ul> <li>Immediately following PCA administration tubing change</li> </ul>
[] 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
[] Patient education Pain nump	remaining in syringe (residual volume). Routine, Once, Starting S For 1 Occurrences
[] Patient education Pain pump	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
[] Stop the PCA pump and call ordering	responsible for IV PCA therapy 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
	<ul> <li>POSS sedation level 4: Somnolent and difficult to arouse</li> </ul>
	- Sustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting
] IV Fluids for provision of PCA Therapy (Single	- Urinary retention
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 (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.
PCA Documentation	- Immediately following PCA administration tubing change Routine, Every 12 hours
	At the beginning (or end of each shift), prior to clearing PCA pump data
	the following must be documented: doses delivered, number of 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
	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
1. Stop the DCA sump and call ordering	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
lono milg.	- POSS sedation level 4: Somnolent and difficult to arouse
	- Sustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting
[] IV Fluids for provision of PCA Therapy (Single	- Urinary retention
Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
morPHINE PCA 30 mg/30 mL + Nursing PCA Orde ] morPHINE PCA 30 mg/30 mL (Single Response	
() morPHINE PCA 30 mg/30 mL (Single Response () morPHINE PCA 30 mg/30 mL in sodium	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout
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
	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
	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
	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

[] Vital signs - T/P/R/BP	Routine, Per unit protocol
	<ul> <li>Initially and every 30 minutes for 1 hour after PCA started, bolus</li> </ul>
	administration or dose change; then
	<ul> <li>Every hour x 2 starting second hour after PCA started, bolus</li> </ul>
	administered or dose change; then
	- Every 4 hours until PCA therapy is discontinued.
	<ul> <li>Immediately following PCA administration tubing change</li> </ul>
[] 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
	<ul> <li>Prior to administration of any other narcotics, antiemetics, or</li> </ul>
	sedatives other than those ordered by the prescriber responsible for IV
	PCA therapy
	<ul> <li>PCA pump discontinued by any service other than the prescribe</li> </ul>
	responsible for IV PCA therapy
<ol> <li>Stop the PCA pump and call ordering</li> </ol>	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute
physician and/or CERT team for any of the	or less
following:	<ul> <li>Severe and/or recent confusion or disorientation</li> </ul>
	<ul> <li>POSS sedation level 4: Somnolent and difficult to arouse</li> </ul>
	<ul> <li>Sustained hypotension (SBP less than 90)</li> </ul>
	- 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
CA Medications - HMSJ Only (Single Response)	
fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL +	
Nursing PCA Orders	
[] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL	(Single
() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL	Nurse Loading Dose: Not Ordered PCA Dose: 10
PCA solution for Opioid Naive	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
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[] 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	<ul> <li>Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason</li> <li>Inadequate analgesia</li> <li>Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy</li> <li>PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy</li> </ul>
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	<ul> <li>Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less</li> <li>Severe and/or recent confusion or disorientation</li> <li>POSS sedation level 4: Somnolent and difficult to arouse</li> <li>Sustained hypotension (SBP less than 90)</li> <li>Excessive nausea or vomiting</li> <li>Urinary retention</li> </ul>
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
<ul> <li>() dextrose 5% infusion</li> <li>) hydromorPHONE PCA (DILAUDID) 30 mg/30 mL - Nursing PCA Orders</li> <li>[] hydromorPHONE PCA (DILAUDID) 30 mg/30 m Response)</li> </ul>	
<ul> <li>() hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive</li> </ul>	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	Aujust doses for age, renar function of other factors.
[] Vital signs - T/P/R/BP	<ul> <li>Routine, Per unit protocol</li> <li>Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then</li> <li>Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then</li> <li>Every 4 hours until PCA therapy is discontinued.</li> <li>Immediately following PCA administration tubing change</li> </ul>
[] 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
[] Otan the DOA summand call and rise	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 - Severe and/or recent confusion or disorientation
following:	<ul> <li>Severe and/or recent confusion or disorrentation</li> <li>POSS sedation level 4: Somnolent and difficult to arouse</li> </ul>
	- Sustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting
	- Urinary retention
[] IV Fluids for provision of PCA Therapy (Single	of hary retention
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 Ord	
[] morPHINE PCA 30 mg/30 mL (Single Respons	
() morPHINE PCA 30 mg/30 mL in sodium	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout
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.
	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
	<ul> <li>Every hour x 2 starting second hour after PCA started, bolus</li> </ul>
	administered or dose change; then
	- Every 4 hours until PCA therapy is discontinued.
	<ul> <li>Immediately following PCA administration tubing change</li> </ul>
[] 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
	<ul> <li>PCA merapy</li> <li>PCA pump discontinued by any service other than the prescribe</li> </ul>
	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
g.	- 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
espiratory Depression and Somnolence	
(] 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
	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15
	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3
/TE	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.
VT Risk and Prophylaxis Tool (Single Response	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.
VT Risk and Prophylaxis Tool (Single Response) Patient currently has an active order for therapeur	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. ) (Selection Required) tic
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. ) (Selection Required) tic
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. ) (Selection Required) tic fication
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>Moderate Risk - Patient currently has an active</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. ) (Selection Required) tic fication e order for
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Selection Required)</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. ) (Selection Required) tic fication e order for
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis ( Required)</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. ) (Selection Required) tic fication e order for Selection
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis ( Required)</li> <li>[] Moderate risk of VTE</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. ) (Selection Required) tic fication e order for Selection Routine, Once, PACU & Post-op
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis ( Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. <b>) (Selection Required)</b> tic fication e order for Selection Routine, Once, PACU & Post-op Routine, Once
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis ( Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. ) (Selection Required) tic fication e order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis ( Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. <b>) (Selection Required)</b> tic fication e order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis ( Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. <b>) (Selection Required)</b> tic fication e order for Selection 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:
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis ( Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. <b>) (Selection Required)</b> tic fication e order for Selection 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
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis ( Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> <li>[] Place sequential compression device (Single</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. ) (Selection Required) tic fication e order for Selection 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 Response)
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis ( Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> <li>[] Place sequential compression device (Single () Contraindications exist for mechanical</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. <b>) (Selection Required)</b> tic fication e order for Selection 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 Response) Routine, Once
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis ( Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> <li>[] Place sequential compression device (Single</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. <b>) (Selection Required)</b> tic fication e order for Selection 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 Response) Routine, Once No mechanical VTE prophylaxis due to the following
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis ( Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> <li>[] Place sequential compression device (Single () Contraindications exist for mechanical</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. ) (Selection Required) tic fication e order for Selection 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 Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis ( Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> <li>[] Place sequential compression device (Single () Contraindications exist for mechanical</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. <b>) (Selection Required)</b> tic fication e order for Selection 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 Response) Routine, Once No mechanical VTE prophylaxis due to the following
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis ( Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> <li>[] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis</li> <li>() Place/Maintain sequential compression</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. ) (Selection Required) tic fication e order for Selection 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 Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
<ul> <li>VT Risk and Prophylaxis Tool (Single Response)</li> <li>Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> <li>[] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis</li> <li>() Place/Maintain sequential compression device continuous</li> </ul>	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. ) (Selection Required) tic fication e order for Selection 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 Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op

<ul> <li>Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> </ul>	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
<ul> <li>Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous, PACU & Post-op
<ul> <li>High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required)</li> </ul>	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	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	
<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	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
<ul> <li>High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required)</li> </ul>	
[] High risk of VTE	Routine, Once, PACU & Post-op
<ul> <li>Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> </ul>	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 fa	ictors
[] Low Risk (Single Response) (Selection Requi	red
··· · · · · · · · · · · · · · · · · ·	Routine, Once
() Low risk of VTE	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgate

Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mer	chanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	tion, dehydration, varicose veins, cancer, sepsis, obesity, previous
	g 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 - Sur	
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophy BUT order Sequential compression device	
<ul> <li>Contraindications exist for pharmacologic prophylaxis</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression	PACU & Post-op Routine, Continuous, PACU & Post-op
device continuous	
() Contraindications exist for pharmacologic prophy AND mechanical prophylaxis	/laxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	Routine, Once No mechanical VTE prophylaxis due to the following
prophylaxia	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Respo	PACU & Post-op
<ul> <li>enoxaparin (LOVENOX) injection (Single Responsion (Selection Required)</li> </ul>	
Patient renal status: @CRCL@	
doses by weight:	L 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 enoxapar	in 40mg every 12 hours
<ul> <li>For CrCI LESS than 30mL/min - enoxaparin (L0 subcutaneous Daily at 1700</li> </ul>	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
<ul> <li>For CrCl GREATER than or EQUAL TO 30 mL enoxaparin (LOVENOX) subcutaneous</li> </ul>	/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):

() fo		
	ondaparinux (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):
() h	eparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
fc	eparin (porcine) injection (Recommended or patients with high risk of bleeding, e.g. veight < 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.
	eparin (porcine) injection - For Patients /ith weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.
() w	varfarin (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:
[] Me	echanical Prophylaxis (Single Response) (Se	lection
	Contraindications exist for mechanical rophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
	Place/Maintain sequential compression levice continuous	Routine, Continuous, PACU & Post-op
MOD Requ	PERATE Risk of DVT - Non-Surgical (Selectio	n
Pharr contra One o CHF, stroke	aindicated. or more of the following medical conditions: , MI, lung disease, pneumonia, active inflamm	echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
Centr Histo Antici Less	ral line ry of DVT or family history of VTE ipated length of stay GREATER than 48 hour than fully and independently ambulatory	S
Centr Histo Antici Less Estro Mode	ral line ry of DVT or family history of VTE ipated length of stay GREATER than 48 hour	S
Centr Histo Antici Less Estro Mode Major	ral line ry of DVT or family history of VTE ipated length of stay GREATER than 48 hour than fully and independently ambulatory ogen therapy erate or major surgery (not for cancer) r surgery within 3 months of admission oderate Risk (Selection Required)	
Centr Histo Antici Less Estro Mode Major [] Mc [] Mc [] Mc [] Mc	ral line ry of DVT or family history of VTE ipated length of stay GREATER than 48 hour than fully and independently ambulatory ogen therapy erate or major surgery (not for cancer) r surgery within 3 months of admission oderate Risk (Selection Required) Moderate risk of VTE oderate Risk Pharmacological Prophylaxis - on-Surgical Patient (Single Response) (Selection	Routine, Once, PACU & Post-op
Centr Histo Antici Less Estro Mode Major	ral line ry of DVT or family history of VTE ipated length of stay GREATER than 48 hour than fully and independently ambulatory ogen therapy erate or major surgery (not for cancer) r surgery within 3 months of admission oderate Risk (Selection Required) Adderate risk of VTE oderate Risk Pharmacological Prophylaxis -	Routine, Once, PACU & Post-op
Centr Histo Antici Less Estro Mode Major	ral line bry of DVT or family history of VTE ipated length of stay GREATER than 48 hour than fully and independently ambulatory ogen therapy erate or major surgery (not for cancer) r surgery within 3 months of admission oderate Risk (Selection Required) Moderate risk of VTE oderate Risk Pharmacological Prophylaxis - on-Surgical Patient (Single Response) (Select equired) Contraindications exist for pharmacologic prop	Routine, Once, PACU & Post-op

[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<ul> <li>enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> </ul>	oonse)
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 hours GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op 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 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, PACU & Post-op
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	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) (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	Routine, Continuous, PACU & Post-op

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

High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari 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 Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)	cal Patient
() 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	
(Selection Required)	·
Patient renal status: @CRCL@	
For patients with CrCI GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
() For CrCI LESS than 30mL/min - enoxaparin	(LOVENOX)
subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
<ul> <li>For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous</li> </ul>	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1, PACU &amp; 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.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul>
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	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.
<ul> <li>heparin (porcine) injection - For Patients with weight GREATER than 100 kg</li> </ul>	7,500 Units, subcutaneous, every 8 hours, Starting S+1, 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:
<ul> <li>Pharmacy consult to manage warfarin (COUMADIN)</li> </ul>	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection

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<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	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:	
Thrombophilia (Factor V Leiden, prothrombin vari	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; n	nyeloproliferative 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	Routine, Once
prophylaxis	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 EQU doses by weight: Weight Dose	sponse)
(Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour	ponse) UAL to 30mL/min, enoxaparin orders will apply the following recommende
(Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily	ponse) UAL to 30mL/min, enoxaparin orders will apply the following recommende
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin</li> </ul>	DAL to 30mL/min, enoxaparin orders will apply the following recommende sparin 40mg every 12 hours
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX)
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
<ul> <li>(Selection Required)         <ul> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 m</li> </ul> </li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
<ul> <li>(Selection Required)         <ul> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous</li> </ul> </li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min -
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 m</li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
<ul> <li>(Selection Required)         <ul> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous</li> </ul> </li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 menoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of
<ul> <li>(Selection Required)         <ul> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> </ul> </li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende soarin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op 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
<ul> <li>(Selection Required)         <ul> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> </ul> </li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende soarin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op 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
<ul> <li>(Selection Required)         <ul> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> </ul> </li> </ul>	<ul> <li>JAL to 30mL/min, enoxaparin orders will apply the following recommende</li> <li>TS parin 40mg every 12 hours</li> <li>(LOVENOX)</li> <li>30 mg, subcutaneous, daily at 1700, PACU &amp; Post-op Indication(s):</li> <li>mL/min -</li> <li>subcutaneous, PACU &amp; Post-op Indication(s):</li> <li>2.5 mg, subcutaneous, daily, PACU &amp; Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatic Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.</li> </ul>
<ul> <li>(Selection Required)         <ul> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> </ul> </li> </ul>	<ul> <li>JAL to 30mL/min, enoxaparin orders will apply the following recommende</li> <li>TS parin 40mg every 12 hours</li> <li>(LOVENOX)</li> <li>30 mg, subcutaneous, daily at 1700, PACU &amp; Post-op Indication(s):</li> <li>mL/min -</li> <li>subcutaneous, PACU &amp; Post-op Indication(s):</li> <li>2.5 mg, subcutaneous, daily, PACU &amp; Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatic Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced</li> </ul>
<ul> <li>(Selection Required)         <ul> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 menoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> </ul> </li> <li>() fondaparinux (ARIXTRA) injection</li> </ul>	JAL to 30mL/min, enoxaparin orders will apply the following recommende sparin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op 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 medicatic 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):
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(Selection Required)         Patient renal status: @CRCL@         For patients with CrCl GREATER than or EQU         doses by weight:         Weight Dose         LESS THAN 100kg enoxaparin 40mg daily         100 to 139kg enoxaparin 30mg every 12 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         () heparin (porcine) injection	<ul> <li>JAL to 30mL/min, enoxaparin orders will apply the following recommende</li> <li>S</li> <li>barin 40mg every 12 hours</li> <li>(LOVENOX)</li> <li>30 mg, subcutaneous, daily at 1700, PACU &amp; Post-op Indication(s):</li> <li>mL/min -</li> <li>subcutaneous, PACU &amp; Post-op Indication(s):</li> <li>2.5 mg, subcutaneous, daily, PACU &amp; Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatic Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> <li>5,000 Units, subcutaneous, every 8 hours, PACU &amp; Post-op</li> <li>5,000 Units, subcutaneous, every 12 hours, PACU &amp; Post-op</li> </ul>
<ul> <li>(Selection Required)         <ul> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() fondaparinux (ARIXTRA) injection</li> </ul> </li> <li>() heparin (porcine) injection</li> <li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.</li> </ul>	<ul> <li>JAL to 30mL/min, enoxaparin orders will apply the following recommende</li> <li>TS</li> <li>barin 40mg every 12 hours</li> <li>(LOVENOX)</li> <li>30 mg, subcutaneous, daily at 1700, PACU &amp; Post-op Indication(s):</li> <li>mL/min -</li> <li>subcutaneous, PACU &amp; Post-op Indication(s):</li> <li>2.5 mg, subcutaneous, daily, PACU &amp; Post-op Indication(s):</li> <li>2.5 mg, subcutaneous, daily, PACU &amp; 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.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> <li>5,000 Units, subcutaneous, every 8 hours, PACU &amp; Post-op</li> <li>5,000 Units, subcutaneous, every 12 hours, PACU &amp; Post-op</li> <li>Recommended for patients with high risk of bleeding, e.g. weight LESS</li> </ul>
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() fondaparinux (ARIXTRA) injection</li> <li>() heparin (porcine) injection</li> <li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende sparin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op 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.
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() fondaparinux (ARIXTRA) injection</li> <li>() heparin (porcine) injection</li> <li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>() heparin (porcine) injection - For Patients</li> </ul>	<ul> <li>JAL to 30mL/min, enoxaparin orders will apply the following recommende</li> <li>TS</li> <li>barin 40mg every 12 hours</li> <li>(LOVENOX)</li> <li>30 mg, subcutaneous, daily at 1700, PACU &amp; Post-op Indication(s):</li> <li>mL/min -</li> <li>subcutaneous, PACU &amp; Post-op Indication(s):</li> <li>2.5 mg, subcutaneous, daily, PACU &amp; Post-op Indication(s):</li> <li>2.5 mg, subcutaneous, daily, PACU &amp; Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatic Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> <li>5,000 Units, subcutaneous, every 8 hours, PACU &amp; Post-op</li> <li>5,000 Units, subcutaneous, every 12 hours, PACU &amp; Post-op</li> <li>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.</li> <li>7,500 Units, subcutaneous, every 8 hours, PACU &amp; Post-op</li> </ul>
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() fondaparinux (ARIXTRA) injection</li> <li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>() heparin (porcine) injection - For Patients with weight GREATER than 100 kg</li> </ul>	<ul> <li>JAL to 30mL/min, enoxaparin orders will apply the following recommender barn 40mg every 12 hours</li> <li>(LOVENOX)</li> <li>30 mg, subcutaneous, daily at 1700, PACU &amp; Post-op Indication(s):</li> <li>mL/min -</li> <li>subcutaneous, PACU &amp; Post-op Indication(s):</li> <li>2.5 mg, subcutaneous, daily, PACU &amp; Post-op Indication(s):</li> <li>2.5 mg, subcutaneous, daily, PACU &amp; Post-op Indication(s):</li> <li>autor and a patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> <li>5,000 Units, subcutaneous, every 8 hours, PACU &amp; Post-op S,000 Units, subcutaneous, every 8 hours, PACU &amp; Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.</li> <li>7,500 Units, subcutaneous, every 8 hours, PACU &amp; Post-op For patients with weight GREATER than 100 kg.</li> </ul>
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() fondaparinux (ARIXTRA) injection</li> <li>() heparin (porcine) injection</li> <li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>() heparin (porcine) injection - For Patients</li> </ul>	<ul> <li>JAL to 30mL/min, enoxaparin orders will apply the following recommended of source of the second se</li></ul>

<ul> <li>Pharmacy consult to manage warfarin (COUMADIN)</li> </ul>	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	ection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<ul> <li>Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous, PACU & Post-op
) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	n
Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	s must be addressed.
Thrombophilia (Factor V Leiden, prothrombin vari	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg	nyeloproliferative disorders)
Acute spinal cord injury with paresis Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
1. High Diak (Sologian Dogwind)	
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Response	
(Selection Required)	se)
	Routine, Once
<ul> <li>Contraindications exist for pharmacologic prophylaxis</li> </ul>	No pharmacologic VTE prophylaxis due to the following
propriyiaxis	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 F	
	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op
[] apixaban (ELIQUIS) tablet	Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Res	
	(ponse)
(Selection Required) Patient renal status: @CRCL@	
Patient renal status: @CRCL@	
For patients with CrCI GREATER than or EQ doses by weight:	UAL 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 hou	rs
GREATER THAN or EQUAL to 140kg enoxage	parin 40mg every 12 hours
<ul> <li>For CrCI LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> </ul>	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op
	Indication(s):
() For CrCl GREATER than or EQUAL TO 30	mL/min -
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
	Indication(s):

() fo	ondaparinux (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):
() h	neparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
f	neparin (porcine) injection (Recommended or 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.
	neparin (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
	varfarin (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:
[] Me	echanical Prophylaxis (Single Response) (Sele	ction
.,	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
Patie antic (Sing () Me	k and Prophylaxis Tool (Single Response) ent currently has an active order for therapeutic coagulant or VTE prophylaxis with Risk Stratific gle Response) (Selection Required) oderate Risk - Patient currently has an active o	ation rder for
Re	erapeutic anticoagulant or VTE prophylaxis (Se equired)	
	Moderate risk of VTE	Routine, Once, PACU & Post-op
t	Patient currently has an active order for herapeutic 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 Re	
()	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
	oderate Risk - Patient currently has an active o	rder for
the	erapeutic anticoagulant or VTE prophylaxis (Se equired)	

<ul> <li>Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> </ul>	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
<ul> <li>Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous, PACU & Post-op
<ul> <li>High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required)</li> </ul>	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	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	
<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	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
<ul> <li>High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required)</li> </ul>	
[] High risk of VTE	Routine, Once, PACU & Post-op
<ul> <li>Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> </ul>	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 fa	ictors
[] Low Risk (Single Response) (Selection Requi	red
··· · · · · · · · · · · · · · · · · ·	Routine, Once
() Low risk of VTE	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgate

Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. Mec contraindicated.	hanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	ion, dehydration, varicose veins, cancer, sepsis, obesity, previous
	g 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	
Major surgery within a months of admission	
[] Moderate Risk (Selection Required)	Pouting Ones DACI & Dest on
[] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Sur	Routine, Once, PACU & Post-op
Patient (Single Response) (Selection Required)	yicai
() Contraindications exist for pharmacologic prophy BUT order Sequential compression device	laxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
<ul> <li>Contraindications exist for pharmacologic prophy AND mechanical prophylaxis</li> </ul>	laxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Respor	
(Selection Required)	,
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL doses by weight: Weight Dose	to 30mL/min, enoxaparin orders will apply the following recommended
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hours	n 40mg overv 10 hours
GREATER THAN or EQUAL to 140kg enoxapari	1 40mg every 12 hours
<ul> <li>For CrCI LESS than 30mL/min - enoxaparin (LC subcutaneous Daily at 1700</li> </ul>	·
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
<ul> <li>For CrCl GREATER than or EQUAL TO 30 mL/ enoxaparin (LOVENOX) subcutaneous</li> </ul>	min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):

() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1, PACU &amp; 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.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul>
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	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, Starting S+1, 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
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	lechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
[] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis -	Routine, Once, PACU & Post-op
<ul> <li>Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)</li> </ul>	tion
() Contraindications exist for pharmacologic prop Order Sequential compression device	bhylaxis - "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	ohylaxis "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
<ul> <li>enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> </ul>	oonse)
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 hours GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op 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 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, PACU & Post-op
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	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) (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	Routine, Continuous, PACU & Post-op

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

High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari 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 Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)	cal Patient
() 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	
(Selection Required)	·
Patient renal status: @CRCL@	
For patients with CrCI GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
() For CrCI LESS than 30mL/min - enoxaparin	(LOVENOX)
subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
<ul> <li>For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous</li> </ul>	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1, PACU &amp; 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.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul>
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	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.
<ul> <li>heparin (porcine) injection - For Patients with weight GREATER than 100 kg</li> </ul>	7,500 Units, subcutaneous, every 8 hours, Starting S+1, 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:
<ul> <li>Pharmacy consult to manage warfarin (COUMADIN)</li> </ul>	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection

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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 - Non-Surgical (Selection Req	uired)
High Risk Definition	· · ·
Both pharmacologic AND mechanical prophylaxis	s must be addressed.
One or more of the following medical conditions:	
Thrombophilia (Factor V Leiden, prothrombin var	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; n	nyeloproliferative 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-	
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@ For patients with CrCl GREATER than or EQ doses by weight: Weight Dose	
(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 100 to 139kg enoxaparin 30mg every 12 hou	UAL to 30mL/min, enoxaparin orders will apply the following recommende
(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 recommende
(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 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap () For CrCl LESS than 30mL/min - enoxaparin	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou</li> <li>GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX)
<ul> <li>(Selection Required)         <ul> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> </ul> </li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
<ul> <li>(Selection Required)         <ul> <li>Patient renal status: @CRCL@</li> <li>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 enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30</li> </ul> </li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
<ul> <li>(Selection Required)         <ul> <li>Patient renal status: @CRCL@</li> <li>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 enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous</li> </ul> </li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min -
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op Indication(s):
<ul> <li>(Selection Required)         <ul> <li>Patient renal status: @CRCL@</li> <li>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 enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous</li> </ul> </li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op 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
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op 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
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op 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 medicatic Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.
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<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() fondaparinux (ARIXTRA) injection</li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op 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 medicatic 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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<ul> <li>(Selection Required)         <ul> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight:</li> <li>Weight Dose</li> <li>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</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> </ul> </li> <li>() fondaparinux (ARIXTRA) injection</li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() fondaparinux (ARIXTRA) injection</li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight: Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() fondaparinux (ARIXTRA) injection</li> <li>() heparin (porcine) injection</li> <li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<ul> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() fondaparinux (ARIXTRA) injection</li> <li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>() heparin (porcine) injection - For Patients</li> </ul>	UAL to 30mL/min, enoxaparin orders will apply the following recommende rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op 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
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() Pharmacy consult to manage warfarin	
(COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<ul> <li>Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous, PACU & Post-op
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	1
Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis 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	yeloproliferative disorders)
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	
(Arthroplasty) Surgical Patient (Single Respons (Selection Required)	e)
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
propriylaxie	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	
	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[] Dharmany concult to manitar anivolan	STAT, Until discontinued, Starting S
[] Pharmacy consult to monitor apixaban	
(ELIQUIS) therapy	Indications: VTE prophylaxis
(ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Resp	
(ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight:	ponse)
(ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU	ponse)
(ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight:	ponse)
(ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours	ponse) JAL to 30mL/min, enoxaparin orders will apply the following recommended
(ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily	ponse) JAL to 30mL/min, enoxaparin orders will apply the following recommended
(ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours	Donse) JAL to 30mL/min, enoxaparin orders will apply the following recommended
<ul> <li>(ELIQUIS) therapy</li> <li>() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours</li> <li>GREATER THAN or EQUAL to 140kg enoxap</li> </ul>	Donse) JAL to 30mL/min, enoxaparin orders will apply the following recommended s arin 40mg every 12 hours
<ul> <li>(ELIQUIS) therapy</li> <li>() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight: Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin (</li> </ul>	JAL to 30mL/min, enoxaparin orders will apply the following recommended s arin 40mg every 12 hours
<ul> <li>(ELIQUIS) therapy</li> <li>() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight:</li> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours</li> <li>GREATER THAN or EQUAL to 140kg enoxap</li> </ul>	JAL to 30mL/min, enoxaparin orders will apply the following recommended s arin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op
<ul> <li>(ELIQUIS) therapy         <ul> <li>() enoxaparin (LOVENOX) injection (Single Resp. (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 m</li> </ul> </li> </ul>	JAL to 30mL/min, enoxaparin orders will apply the following recommended s arin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
<ul> <li>(ELIQUIS) therapy         <ul> <li>() enoxaparin (LOVENOX) injection (Single Resp. (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxap</li> <li>() For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> </ul> </li> </ul>	JAL to 30mL/min, enoxaparin orders will apply the following recommended s arin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):

() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1, PACU &amp; 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):</li> </ul>
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	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) (Se Required)	election
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
<ul> <li>Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous, PACU & Post-op
abs	
abs	
] Hemoglobin and hematocrit	Once, PACU & Post-op
abs - AM Basic metabolic panel	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
CBC with platelet and differential	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
Partial thromboplastin time	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
Prothrombin time with INR	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
abs - AM Daily x 3	
] Hemoglobin	AM draw repeats For 3 Occurrences, PACU & Post-op
maging	
T CT Cervical Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU
] CT Thoracic Spine Wo Contrast	& Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU
L OT Loweber Oning We Construct	& Post-op

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

X-ray

[] CT Lumbar Spine Wo Contrast

[] Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[] Chest 1 Vw Portable in AM	Routine, 1 time imaging, Starting S+1 For 1, PACU & Post-op
[] XR Spine Scoliosos 2-3 Views	Routine, 1 time imaging, Starting S at 1:00 AM For 1
	Please add 32 millimeter image calibration necklace to the
	field of view. AP and Lateral view that includes C2 and
	femoral heads in single shot with patient standing with hips
	and knees extended., PACU & Post-op
[] Cervical Spine 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU
	& Post-op
[] Cervical Spine 2 Or 3 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU
	& Post-op
[] Thoracic Spine 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU
	& Post-op
[] Lumbar Spine 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU
	& Post-op
[] Thoracolumbar Spine 2 Vw	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: Wean prn., PACU & Post-op [] Incentive spirometry Routine, Every hour While awake., PACU & Post-op

## Consults

For Physician Consult orders use sidebar

[] Consult to Case Management	Consult Reason:
	PACU & Post-op
[] Consult to Social Work	Reason for Consult:
	PACU & Post-op
[] Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Post Neuromuscular or Musculoskeletal Surgery Care. Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal): Weight Bearing Status: PACU & Post-op
[] Consult to PT Wound Care Eval and Treat	Special Instructions: Location of Wound? PACU & Post-op
[] Consult to OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming) Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal): Weight Bearing Status: PACU & Post-op

[] Consult to Nutrition Services	Reason For Consult?
	Purpose/Topic:
	PACU & Post-op
[] Consult to Spiritual Care	Reason for consult?
	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:
	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?