#### Enhanced Recovery After Surgery (ERAS) Orders **ERAS Postop Diet/Nutrition and Mutimodal Pain Medications** ERAS Diet and Nutrition (Single Response) [] Encourage early return to normal diet (hydration and nourishment); Start or advance diet based on patient's tolerance and disease state () ERAS Diet and Nutrition for Acute patients [] Diet - Soft easy to digest Diet effective now, Starting S Diet(s): Easy to digest (GERD) Other Options: Advance Diet as Tolerated? **IDDSI Liquid Consistency:** Fluid Restriction: Foods to Avoid: soft, PACU & Post-op [] Chew Gum Routine, Until discontinued, Starting S Chew gum 3 times a day (for at least 30 minutes each time) beginning evening of POD # 0., PACU & Post-op () ERAS Diet and Nutrition for ICU patients For patients LESS THAN 65 years old: Routine, Until discontinued, Starting S [] Nursing communication After extubation, perform bedside swallow evaluation., PACU & Post-op **Diet - Full Liquids** Diet effective now, Starting S [] Diet(s): Full Liquids Other Options: Advance Diet as Tolerated? Yes Target Diet: GERD - Easy to Digest diet Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op ERAS Diet and Nutrition (Single Response) [] Encourage early return to normal diet (hydration and nourishment); Start or advance diet based on patient's tolerance and disease state () ERAS Diet and Nutrition for Acute patients [] IMPACT Advanced Recovery Routine, Daily with meals Can/Bottle Supplements: Impact Advanced Recovery Number of Cans/Bottles each administration: Can/Bottle Supplements: Impact Advanced Recovery Can/Bottle Supplements: Can/Bottle Supplements: Can/Bottle Supplements: Impact AR Can/Bottle Supplements: Can/Bottle Supplements: Impact Advance Recovery Can/Bottle Supplements: Impact Advanced Recovery IMPACT Advanced Recovery. Drink 1 carton (6 oz/180 mL) by mouth 2

[]

Encourage sips of IMPACT as tolerated

(two) times daily with meals starting postoperative day 1 for 15 doses. Contraindications: not for individuals with galactosemia deficiency, allergy to fish oil, congential milk protein allergy, rare contraindications

Postop day 0 encourage sips of IMPACT Advanced Recovery nutrition

with intractable hyperkalemia. Suitable for these diets: lactose intolerance, gluten-free, kosher, halal., PACU & Post-op

Routine, Until discontinued, Starting S

drink as tolerated., PACU & Post-op

[] Diet - Soft easy to digest	Diet effective now, Starting S Diet(s): Easy to digest (GERD)
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency: Fluid Restriction:
	Foods to Avoid:
	soft, PACU & Post-op
[] Consult to Nutrition Services	Reason For Consult? Other (Specify)
	Specify: ERAS Nutrition Screening
	Purpose/Topic: RD to perform nutrition screening and manage ERAS
	nutrition inluding post-op Impact formula as appropriate
	PACU & Post-op
[] Chew Gum	Routine, Until discontinued, Starting S
	Chew gum 3 times a day (for at least 30 minutes each time) beginning evening of POD # 0., PACU & Post-op
) ERAS Diet and Nutrition for ICU patients	
For patients LESS THAN 65 years old:	
[] IMPACT Advanced Recovery	Routine, Daily with meals, Starting S+1 For 5 Days
	Can/Bottle Supplements: Impact Advanced Recovery
	Number of Cans/Bottles each administration:
	Can/Bottle Supplements: Impact Advanced Recovery
	Can/Bottle Supplements: Impact Advanced Recovery
	Can/Bottle Supplements: Can/Bottle Supplements: Impact AR
	Can/Bottle Supplements:
	Can/Bottle Supplements: Impact Advance Recovery
	Can/Bottle Supplements: Impact Advanced Recovery
	IMPACT Advanced Recovery. Drink 1 carton (6 oz/180 mL) by mouth
	(two) times daily with meals starting postoperative day 1 for 15 doses.
	Contraindications: not for individuals with galactosemia deficiency,
	allergy to fish oil, congential milk protein allergy, rare contraindications
	with intractable hyperkalemia. Suitable for these diets: lactose
1 Encourage size of IMDACT as talerated	intolerance, gluten-free, kosher, halal., PACU & Post-op Routine, Until discontinued, Starting S
[] Encourage sips of IMPACT as tolerated	After extubation, Postop day 0, encourage sips of IMPACT Advanced
	Recovery nutrition drink as tolerated., PACU & Post-op
[] Nursing communication	Routine, Until discontinued, Starting S
	After extubation, perform bedside swallow evaluation., PACU & Post-o
[] Diet - Full Liquids	Diet effective now, Starting S
	Diet(s): Full Liquids
	Other Options:
	Advance Diet as Tolerated? Yes Target Diet: GERD - Easy to Digest diet
	Advance target diet criteria:
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Consult to Nutrition Services	Reason For Consult? Other (Specify)
	Specify: ERAS
	Purpose/Topic: RD to manage ERAS nutrition including post-op Impac formula as appropriate
	PACU & Post-op
ERAS Multimodal Pain Medications	
Goal of ERAS multimodal pain management is t	to preemptively manage and control postoperative pain and reduce opioid the clock non-opioid analgesic medications and use opioid only for

[] acetaminophen (TYLENOL) (Single Response)

Select IV then switch to oral or enteral as scheduled OR select oral or enteral post-op; Do not exceed 4 gms a day/2 gms for cirrhotic patients.

() Acetaminophen oral, per tube or rectal	"Or" Linked Panel
Maximum of 4 grams of acetaminophen per day sources)	r from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
[] acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
() Acetaminophen oral, per tube or rectal - for patie cirrhosis or severe hepatic dysfunction	
Maximum of 4 grams of acetaminophen per day sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
() acetaminophen IV followed by oral	
[] acetaminophen (OFIRMEV) IV	1,000 mg, intravenous, Administer over: 15 Minutes, once, For 1 Doses, PACU & Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
[] acetaminophen (TYLENOL) (Single Response	
() Acetaminophen oral, per tube or rectal 1000 r	
	day from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op
[] acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op Use if patient cannot swallow tablet.
() Acetaminophen oral, per tube or rectal 650 m patients with cirrhosis or severe hepatic dysfu	ig - for "Or" Linked Panel
	lay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op
[] acetaminophen (TYLENOL) suppository	Use if patient cannot swallow tablet. 650 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op Use if patient cannot swallow tablet.

(RESTRICTED) - for patients that cannot tolerate oral/enteral/rectal       3 Doses, PACU & Post-op Per Med Staff Policy, R Ph. will automatically switch IV to equivalent Pf dose when above approved criteria are satisfied: IV acetamicophen (Cirruw) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been me Response)         Select Ketorolac(TORADOL) IV and one oral NSAID to follow IV dose OR select one oral NSAID unless contraindicated; Do not gives to patients with Stage IV - V CKD or AKI, increases risk of GI bleeding         ()       Ketorolac (TORADOL) IV X 24 hours followed by oral NSAID         ()       ketorolac (TORADOL) IS mg IV Q6H       15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to ral NSAID         ()       ketorolac (TORADOL) 15 mg IV Q6H       15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to ral NSAID         ()       ketorolac (TORADOL) 30 mg IV Q6H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to ral NSAID         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to ral NSAID         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to ral NSAID         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to ral NSAID         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op Do not adminis		
Nonsteroidal Anti-inflammatory Drug (NSAID) (Single Response)           Select Ketorolac (TORADOL) IV and one oral NSAID to follow IV dose OR select one oral NSAID unless contraindicated; Do not give to patients with Stage IV - V CKD or AKI; increases risk of GI bleeding           ()         Ketorolac (TORADOL) IV X 24 hours followed by oral NSAID           ()         Ketorolac (TORADOL) IV Single Response)           ()         ketorolac (TORADOL) 15 mg IV C&H           ()         ketorolac (TORADOL) 15 mg IV C&H           ()         ketorolac (TORADOL) 30 mg IV Q&H           ()         ketorolac (TORADOL) 400 mg           ()         celecoxib (CELEBREX) CP raliverine (MOTRIN) OR           Naprosyn Sodium (ALEVY) oral/enterral doses (Single           ()         celecoxib (CeleBREX) 200 mg           ()         ibuprofen (ADVIL) 400 mg           ()         naproxen (ADVIL) 600 mg           ()         ibuprofen (ADVIL) 400 mg	(RESTRICTED) - for patients that cannot	Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PC dose when above approved criteria are satisfied: IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal
Select Ketorolac(TORADOL) IV and one oral NSAID to follow IV dose OR select one oral NSAID unless contraindicated; Do not give to patients with Stage IV - V CKD or AKI; increases risk of GI bleeding           ()         Ketorolac (TORADOL) IV X 24 hours followed by oral NSAID           ()         ketorolac (TORADOL) IV Single Response)           ()         ketorolac (TORADOL) 15 mg IV Q8H         15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID           ()         ketorolac (TORADOL) 30 mg IV Q8H         15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID           ()         ketorolac (TORADOL) 30 mg IV Q8H         30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID           ()         ketorolac (TORADOL) 30 mg IV Q8H         30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID           ()         ketorolac (TORADOL) 30 mg IV Q8H         30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID           ()         ketorolac (TORADOL) 400 mg         200 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op Do not administer to patients with CrCI-30           ()         ibuprofen (ADVIL) 400 mg         400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op           ()         ibuprofen (ADVIL) 600 mg         600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op           ()         ibuprofen (ADVIL) 600 mg         75 mg, oral, 2 times daily, Starting H+24 Hours, PACU & P		· · · · · · · · · · · · · · · · · · ·
Do not give to patients with Stage IV - V CKD or AKI; increases risk of GI bleeding () Ketorolac (TORADOL) IV X 24 hours followed by oral NSAID () Ketorolac (TORADOL) IV (Single Response) () Ketorolac (TORADOL) 15 mg IV 06H 15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID () Ketorolac (TORADOL) 30 mg IV 08H 30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID () Ketorolac (TORADOL) 30 mg IV 08H 30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID () Ketorolac (TORADOL) 30 mg IV 08H 30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID () Ketorolac (TORADOL) 30 mg IV 08H 30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID () Ketorolac (TORADOL) 30 mg IV 08H 30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID () Ketorolac (TORADOL) 30 mg IV 08H 30 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op Do not administer to patients with CrCl-30 () ibuprofen (ADVIL) 400 mg 400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op Do not administer to patients with CrCl-30 () ibuprofen (ADVIL) 600 mg 600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op Do not administer to patients with CrCl-30 () ibuprofen (ADVIL) 600 mg 600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op Do not administer to patients with CrCl-30 () ibuprofen (ADVIL) 800 mg 600 mg, oral, every 6 hours, PACU & Post-op Do not administer to all SAID [] Ketorolac (TORADOL) 115 mg IV Q6H 15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID [] Ketorolac (TORADOL) 15 mg IV Q8H 15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID [] Ketorolac (TORADOL) 15 mg IV Q8H 15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID [] Ketorolac (TORADOL) 15 mg IV Q8H 15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID [] Ketorolac (TORADOL) 30 mg IV Q8H 15 mg, intravenous		ISAID to follow IV dose OR select one oral NSAID unless contraindicated:
NSAID         [] ketorolac (TORADOL) IV (Single Response)         () ketorolac (TORADOL) 15 mg IV 08H       15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID         () ketorolac (TORADOL) 30 mg IV 08H       15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID         () ketorolac (TORADOL) 30 mg IV 08H       30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID         () ketorolac (TORADOL) 30 mg IV 08H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         [] Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)       200 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op Do not administer to patients with CrCl-30         () ibuprofen (ADVIL) 400 mg       400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op         () ibuprofen (ADVIL) 600 mg       600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op         () ibuprofen (ADVIL) 600 mg       800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU Post-op         () ibuprofen (ADVIL) 800 mg       800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU Post-op         () ketorolac (TORADOL) IV X 48 hours followed by oral NSAID       375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op Then switch to oral NSAID         [] ketorolac (TORADOL) IN mg IV 08H       15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID         () ketorolac (TORADOL) 15		
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<ul> <li>() ketorolac (TORADOL) 15 mg IV Q6H</li> <li>15 mg, intravenous, every &amp; hours, PACU &amp; Post-op Then switch to oral NSAID</li> <li>() ketorolac (TORADOL) 30 mg IV Q8H</li> <li>15 mg, intravenous, every &amp; hours, PACU &amp; Post-op Then switch to oral NSAID</li> <li>() ketorolac (TORADOL) 30 mg IV Q8H</li> <li>30 mg, intravenous, every &amp; hours, PACU &amp; Post-op Then switch to oral NSAID</li> <li>() ketorolac (TORADOL) 30 mg IV Q8H</li> <li>30 mg, intravenous, every &amp; hours, PACU &amp; Post-op Then switch to oral NSAID</li> <li>() ketorolac (TORADOL) 30 mg IV Q8H</li> <li>30 mg, intravenous, every &amp; hours, PACU &amp; Post-op Then switch to oral NSAID</li> <li>() celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)</li> <li>() celecoxib (CeleBREX) 200 mg</li> <li>200 mg, oral, 2 times daily, Starting H+24 Hours, PACU &amp; Post-op Do not administer to patients with CrCI-30</li> <li>() ibuprofen (ADVIL) 400 mg</li> <li>400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op</li> <li>() ibuprofen (ADVIL) 800 mg</li> <li>800 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op</li> <li>() ibuprofen (ADVIL) 800 mg</li> <li>800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU Post-op</li> <li>() ketorolac (TORADOL) IV X 48 hours followed by oral NSAID</li> <li>() ketorolac (TORADOL) 15 mg IV Q8H</li> <li>15 mg, intravenous, every 6 hours, PACU &amp; Post-op Then switch to oral NSAID</li> <li>() ketorolac (TORADOL) 15 mg IV Q8H</li> <li>15 mg, intravenous, every 8 hours, PACU &amp; Post-op Then switch to oral NSAID</li> <li>() ketorolac (TORADOL) 15 mg IV Q8H</li> <li>15 mg, intravenous, every 8 hours, PACU &amp; Post-op Then switch to oral NSAID</li> <li>() ketorolac (TORADOL) 30 mg IV Q8H</li> <li>30 mg, intravenous, every 8 hours, PACU &amp; Post-op Then switch to oral NSAID</li> <li>() ketorolac (TORADOL) 30 mg IV Q8H</li> <li></li></ul>	NSAID	
Then switch to oral NSAID           ()         ketorolac (TORADOL) 15 mg IV Q8H         15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID           ()         ketorolac (TORADOL) 30 mg IV Q8H         30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID           ()         ketorolac (TORADOL) 30 mg IV Q8H         30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID           []         Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)           ()         celecoxib (CeleBREX) 200 mg         200 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op Do not administer to patients with CrCI-30           ()         ibuprofen (ADVIL) 400 mg         400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op           ()         ibuprofen (ADVIL) 600 mg         600 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU Post-op           ()         ibuprofen (ADVIL) 800 mg         800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU Post-op           ()         haptroxen (NAPROSYN) tablet         375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op Then switch to oral NSAID           []         ketorolac (TORADOL) IV X 48 hours followed by oral NSAID         15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID           []         ketorolac (TORADOL) 15 mg IV Q8H         15 mg, intravenous, every 8 hours, PACU & Post-op Then switch		
Then switch to oral NSAID           ()         ketorolac (TORADOL) 30 mg IV Q6H         30 mg, intravenous, every 6 hours, PACU & Post-op           ()         ketorolac (TORADOL) 30 mg IV Q8H         30 mg, intravenous, every 8 hours, PACU & Post-op           ()         ketorolac (TORADOL) 30 mg IV Q8H         30 mg, intravenous, every 8 hours, PACU & Post-op           ()         ketorolac (TORADOL) 30 mg IV Q8H         30 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op           ()         celecoxib (CeleBREX) 200 mg         200 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op           ()         ibuprofen (ADVIL) 400 mg         400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op           ()         ibuprofen (ADVIL) 600 mg         600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op           ()         ibuprofen (ADVIL) 800 mg         800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU & Post-op           ()         ibuprofen (ADVIL) 800 mg         800 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op           ()         ibuprofen (ADVIL) 800 mg         75 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op           ()         naproxen (NAPROSYN) tablet         375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op           ()         ketorolac (TORADOL) IV (Single Response)         15 mg, intravenous, every 6 hours, PACU & Post-op		Then switch to oral NSAID
Then switch to oral NSAID           ()         ketorolac (TORADOL) 30 mg IV Q8H         30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID.           []         Celecoxib (CELEBREX) OR lbuprofen (MOTRIN) OR Naprosyn, Sodium (ALEVE) oral/enteral doses (Single Response)           ()         celecoxib (CeleBREX) 200 mg         200 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op Do not administer to patients with CrCI-30           ()         ibuprofen (ADVIL) 400 mg         400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op           ()         ibuprofen (ADVIL) 600 mg         600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op           ()         ibuprofen (ADVIL) 800 mg         800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU Post-op           ()         naproxen (NAPROSYN) tablet         375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op           ()         ketorolac (TORADOL) IV X 48 hours followed by oral         NSAID           ()         ketorolac (TORADOL) IS mg IV Q6H         15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID           ()         ketorolac (TORADOL) 15 mg IV Q8H         15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID           ()         ketorolac (TORADOL) 30 mg IV Q8H         30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID           ()         ketorolac (TORADOL) 30 mg IV Q8		Then switch to oral NSAID
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Naprosyn Śodium (ALEVE) oral/enteral doses (Single Response)         () celecoxib (CeleBREX) 200 mg       200 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op Do not administer to patients with CrCl<30	() ketorolac (TORADOL) 30 mg IV Q8H	
()       celecoxib (CeleBREX) 200 mg       200 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op Do not administer to patients with CrCl-30         ()       ibuprofen (ADVIL) 400 mg       400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op         ()       ibuprofen (ADVIL) 600 mg       600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op         ()       ibuprofen (ADVIL) 800 mg       800 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op         ()       naproxen (NAPROSYN) tablet       375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op         ()       ketorolac (TORADOL) IV X 48 hours followed by oral       375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op         ()       ketorolac (TORADOL) IV X 48 hours followed by oral       15 mg, intravenous, every 6 hours, PACU & Post-op         ()       ketorolac (TORADOL) IV Q8H       15 mg, intravenous, every 8 hours, PACU & Post-op         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 6 hours, PACU & Post-op         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op         ()       ketorolac (TORADOL) 30 mg IV Q8H       <	Naprosyn Sodium (ALEVE) oral/enteral dose	
()       ibuprofen (ADVIL) 400 mg       400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op         ()       ibuprofen (ADVIL) 600 mg       600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op         ()       ibuprofen (ADVIL) 800 mg       800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU Post-op         ()       naproxen (NAPROSYN) tablet       375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op         ()       ketorolac (TORADOL) IV X 48 hours followed by oral NSAID       375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op         ()       ketorolac (TORADOL) IV X 48 hours followed by oral NSAID       15 mg, intravenous, every 6 hours, PACU & Post-op         ()       ketorolac (TORADOL) 15 mg IV Q6H       15 mg, intravenous, every 8 hours, PACU & Post-op         ()       ketorolac (TORADOL) 30 mg IV Q6H       30 mg, intravenous, every 6 hours, PACU & Post-op         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 6 hours, PACU & Post-op         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hour		
()       ibuprofen (ADVIL) 600 mg       600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op         ()       ibuprofen (ADVIL) 800 mg       800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU Post-op         ()       naproxen (NAPROSYN) tablet       375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op         ()       naproxen (NAPROSYN) tablet       375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op         ()       ketorolac (TORADOL) IV X 48 hours followed by oral NSAID       15 mg, intravenous, every 6 hours, PACU & Post-op         ()       ketorolac (TORADOL) 15 mg IV Q6H       15 mg, intravenous, every 8 hours, PACU & Post-op         ()       ketorolac (TORADOL) 15 mg IV Q8H       15 mg, intravenous, every 6 hours, PACU & Post-op         ()       ketorolac (TORADOL) 30 mg IV Q6H       30 mg, intravenous, every 6 hours, PACU & Post-op         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, oral, every 8 hours, PACU & Post-op         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, oral, every 8 hours, PACU & Post-op         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, oral, every 8 hours, PACU & Post-op         ()       celecxib (CELEBREX) OR Ibuprofen (MOTRIN) OR       Naprosyn Sodium (ALEVE) oral/enteral doses (Single         R	() ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU
Post-op         () naproxen (NAPROSYN) tablet       375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op         ) Ketorolac (TORADOL) IV X 48 hours followed by oral NSAID       15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID         () ketorolac (TORADOL) 15 mg IV Q6H       15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         () ketorolac (TORADOL) 30 mg IV Q6H       30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID         () ketorolac (TORADOL) 30 mg IV Q6H       30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID         () ketorolac (TORADOL) 30 mg IV Q6H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         () ketorolac (TORADOL) 30 mg IV Q6H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         () ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         () ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         () ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         () ketorolac (TORADOL) 30 mg IV Q8H       30 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op Do not administer to patients with CrCl-30         () ibuprofen (ADVIL) 400 mg       400 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU Post-op Do         () ibuprofen	() ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU
()       Ketorolac (TORADOL) IV X 48 hours followed by oral NSAID         []       ketorolac (TORADOL) IV (Single Response)         ()       ketorolac (TORADOL) 15 mg IV Q6H       15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID         ()       ketorolac (TORADOL) 15 mg IV Q8H       15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         ()       ketorolac (TORADOL) 30 mg IV Q6H       30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID         ()       ketorolac (TORADOL) 30 mg IV Q6H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 og, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         []       Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)         ()       celecoxib (CeleBREX) 200 mg       200 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op Do not administer to patients with CrCl<30	() ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU
NSAID         [] ketorolac (TORADOL) IV (Single Response)         () ketorolac (TORADOL) 15 mg IV Q6H       15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID         () ketorolac (TORADOL) 15 mg IV Q8H       15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         () ketorolac (TORADOL) 30 mg IV Q6H       30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID         () ketorolac (TORADOL) 30 mg IV Q6H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         () ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID.         [] Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)         () celecoxib (CeleBREX) 200 mg       200 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op Do not administer to patients with CrCI<30	() naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op
()       ketorolac (TORADOL) 15 mg IV Q6H       15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID         ()       ketorolac (TORADOL) 15 mg IV Q8H       15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         ()       ketorolac (TORADOL) 30 mg IV Q6H       30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID         ()       ketorolac (TORADOL) 30 mg IV Q6H       30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         ()       ketorolac (TORADOL) 00 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID.         []       Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)         ()       celecoxib (CeleBREX) 200 mg       200 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op Do not administer to patients with CrCl<30	, , ,	l by oral
Then switch to oral NSAID         ()       ketorolac (TORADOL) 15 mg IV Q8H       15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         ()       ketorolac (TORADOL) 30 mg IV Q6H       30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         ()       ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID         []       Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)         ()       celecoxib (CeleBREX) 200 mg       200 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op Do not administer to patients with CrCI-30         ()       ibuprofen (ADVIL) 400 mg       400 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU Post-op         ()       ibuprofen (ADVIL) 600 mg       600 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU Post-op         ()       ibuprofen (ADVIL) 800 mg       800 mg, oral, every 8 hours scheduled, Starting H+48 Hours, PACU Post-op         ()       ibuprofen (ADVIL) 800 mg       800 mg, oral, every 8 hours scheduled, Starting H+48 Hours, PACU Post-op         ()       ibuprofen (ADVIL) 800 mg       800 mg, oral, every 8 hours scheduled, Starting H+48 Hours, PACU Post-op         ()       naproxen (NAPROSYN) tablet       375		
Image: Construct of the second sec	() ketorolac (TORADOL) 15 mg IV Q6H	
Then switch to oral NSAID         () ketorolac (TORADOL) 30 mg IV Q8H       30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID.         [] Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)         () celecoxib (CeleBREX) 200 mg       200 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op Do not administer to patients with CrCl<30	() ketorolac (TORADOL) 15 mg IV Q8H	
Then switch to oral NSAID.         [] Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)         () celecoxib (CeleBREX) 200 mg       200 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op Do not administer to patients with CrCl<30	() ketorolac (TORADOL) 30 mg IV Q6H	
Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)         () celecoxib (CeleBREX) 200 mg       200 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op Do not administer to patients with CrCl<30	() ketorolac (TORADOL) 30 mg IV Q8H	
()celecoxib (CeleBREX) 200 mg200 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op Do not administer to patients with CrCl<30()ibuprofen (ADVIL) 400 mg400 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU Post-op()ibuprofen (ADVIL) 600 mg600 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU Post-op()ibuprofen (ADVIL) 800 mg600 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU Post-op()ibuprofen (ADVIL) 800 mg800 mg, oral, every 8 hours scheduled, Starting H+48 Hours, PACU Post-op()naproxen (NAPROSYN) tablet375 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op	Naprosyn Sodium (ALEVE) oral/enteral dose	
()       ibuprofen (ADVIL) 400 mg       400 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU Post-op         ()       ibuprofen (ADVIL) 600 mg       600 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU Post-op         ()       ibuprofen (ADVIL) 800 mg       800 mg, oral, every 8 hours scheduled, Starting H+48 Hours, PACU Post-op         ()       naproxen (NAPROSYN) tablet       375 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op		
()       ibuprofen (ADVIL) 600 mg       600 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU Post-op         ()       ibuprofen (ADVIL) 800 mg       800 mg, oral, every 8 hours scheduled, Starting H+48 Hours, PACU Post-op         ()       naproxen (NAPROSYN) tablet       375 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op	() ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU
()       ibuprofen (ADVIL) 800 mg       800 mg, oral, every 8 hours scheduled, Starting H+48 Hours, PACU Post-op         ()       naproxen (NAPROSYN) tablet       375 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op	() ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU
() naproxen (NAPROSYN) tablet 375 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op	() ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+48 Hours, PACU
	() naproxen (NAPROSYN) tablet	

() celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, PACU & Post-op
() ibunration (AD)/II ) 400 mg	Do not administer to patients with CrCl<30
<ul> <li>() ibuprofen (ADVIL) 400 mg</li> <li>() ibuprofen (ADVIL) 600 mg</li> </ul>	400 mg, oral, every 6 hours scheduled, PACU & Post-op 600 mg, oral, every 6 hours scheduled, PACU & Post-op
() ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, PACU & Post-op
() naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, PACU & Post-op
Gabapentinoids (Single Response)	575 mg, oral, 2 times daily, FACO & Fost-op
Consider pregabalin (LYRICA) only if unable to tol Contact physician if somnolence or drowsiness pe mL/min; Give with caution to patients 65 years of a	rsists; Need renal dose adjustment; Do not administer if CrCl < 15
) pregabalin (LYRICA) (Single Response)	
() For patients GREATER than 65 years old (Sing Response)	
() pregabalin (LYRICA) capsule 25 mg (CrCl	25 mg, oral, 3 times daily, PACU & Post-op
greater than or equal to 60 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
() pregabalin (LYRICA) capsule 25 mg (CrCl	25 mg, oral, 2 times daily, PACU & Post-op
30-59 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
() pregabalin (LYRICA) capsule 25 mg (CrCl	25 mg, oral, at bedtime, PACU & Post-op
15-29 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
	administer if CrCl <15 mL/min
() For patients LESS than 65 years old (Single Re	
() pregabalin (LYRICA) capsule 50 mg (CrCl	50 mg, oral, 3 times daily, PACU & Post-op
greater than or equal to 60 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
() pregabalin (LYRICA) capsule 50 mg (CrCl	50 mg, oral, 2 times daily, PACU & Post-op
30-59 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
() pregabalin (LYRICA) capsule 50 mg (CrCl	50 mg, oral, at bedtime, PACU & Post-op
15-29 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
) gabapentin (NEURONTIN) (Single Response)	
() For patients GREATER than 65 years old (Sing Response)	
() gabapentin (NEURONTIN) capsule 100 mg	100 mg, oral, 3 times daily, PACU & Post-op
(CrCl greater than or equal to 60 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
() gabapentin (NEURONTIN) capsule 100 mg	100 mg, oral, 2 times daily, PACU & Post-op
(CrCl 30-59 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
() gabapentin (NEURONTIN) capsule 100 mg	100 mg, oral, at bedtime, PACU & Post-op
(CrCl 15-29 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
() For patients LESS than 65 years old (Single Re	
() gabapentin (NEURONTIN) capsule 300 mg	300 mg, oral, 3 times daily, PACU & Post-op
(CrCl greater than or equal to 60 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
() gabapentin (NEURONTIN) capsule 300 mg	300 mg, oral, 2 times daily, PACU & Post-op
(CrCl 30-59 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
() gabapentin (NEURONTIN) capsule 300 mg	300 mg, oral, at bedtime, PACU & Post-op
(CrCl 15-29 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Muscle Relaxant (Single Response)	
) Patients GREATER THAN or EQUAL to 65 years	sold
[] methocarbamol (ROBAXIN) IV followed by oral	
[] methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, Administer over: 60 Minutes, every 8 hours scheduled, For 3 Doses, PACU & Post-op
[] methocarbamol (ROBAXIN) tablet	250 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU Post-op

[] cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 12 hours scheduled, PACU & Post-op
() Patients LESS THAN 65 years old	
[] methocarbamol (ROBAXIN) IV followed by ora	
patients GREATER than or EQUAL to 65 year	
[] methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, Administer over: 60 Minutes, every 8 hours scheduled, For 3 Doses, PACU & Post-op
[] methocarbamol (ROBAXIN) tablet	750 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU 8 Post-op
[] cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, 3 times daily, PACU & Post-op
] lidocaine (LIDODERM) patch	
[] lidocaine (LIDODERM) 5 %	1 patch, transdermal, Administer over: 12 Hours, every 24 hours, PACU & Post-op
	Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine).
] Opioids	
Only for moderate to severe breakthrough pain	
[] For moderate breakthrough pain (pain score 4-6	8)
[] oxyCODone (ROXICODONE) immediate	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate
release tablet	pain (Non verbal CPOT or pain score score 4-6), PACU & Post-op
	Allowance for Patient Preference:
[] traMADoL (ULTRAM) (Single Response)	
() traMADoL (ULTRAM) tablet - patients with	50 mg, oral, every 12 hours PRN, moderate pain (score 4-6), PACU 8
cirrhosis	Post-op
	Allowance for Patient Preference:
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op
	Allowance for Patient Preference:
[] For severe breakthrough pain (pain score 7-10)	
[] oxyCODone (ROXICODONE) IR - patients	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU &
LESS than 65 years old	Post-op
	Allowance for Patient Preference:
[] oxyCODONE (ROXICODONE) IR - patients	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU &
65 years old and greater	Post-op
	Allowance for Patient Preference:
[] traMADol (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU &
	Post-op
	Allowance for Patient Preference:
[] hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), PACU & Post-op
	IF unable to tolerate oral intake
AS Postop Diet/Nutrition and Multimodal Pain Me	edications
ERAS Diet and Nutrition (Single Response)	
Exercise and exertises to exercise dist (buildedies and	d nourishment); Start or advance diet based on patient's tolerance and

() ERAS Diet and Nutrition for Acute patients

[] IMPACT Advanced Recovery	Routine, Daily with meals
	Can/Bottle Supplements: Impact Advanced Recovery
	Number of Cans/Bottles each administration:
	Can/Bottle Supplements: Impact Advanced Recovery
	Can/Bottle Supplements:
	Can/Bottle Supplements:
	Can/Bottle Supplements: Impact AR
	Can/Bottle Supplements:
	Can/Bottle Supplements: Impact Advance Recovery
	Can/Bottle Supplements: Impact Advanced Recovery
	IMPACT Advanced Recovery. Drink 1 carton (6 oz/180 mL) by mouth 2
	(two) times daily with meals starting postoperative day 1 for 15 doses.
	Contraindications: not for individuals with galactosemia deficiency,
	allergy to fish oil, congential milk protein allergy, rare contraindications
	with intractable hyperkalemia. Suitable for these diets: lactose
	intolerance, gluten-free, kosher, halal., PACU & Post-op
[] Encourage sips of IMPACT as tolerated	Routine, Until discontinued, Starting S
	Postop day 0 encourage sips of IMPACT Advanced Recovery nutrition
	drink as tolerated., PACU & Post-op
<ul> <li>Diet - Soft easy to digest</li> </ul>	Diet effective now, Starting S
	Diet(s): Easy to digest (GERD)
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	soft, PACU & Post-op
[] Consult to Nutrition Services	Reason For Consult? Other (Specify)
	Specify: ERAS Nutrition Screening
	Purpose/Topic: RD to perform nutrition screening and manage ERAS
	nutrition inluding post-op Impact formula as appropriate
	PACU & Post-op
[] Chew Gum	Routine, Until discontinued, Starting S
	Chew gum 3 times a day (for at least 30 minutes each time) beginning
	evening of POD # 0., PACU & Post-op
() ERAS Diet and Nutrition for ICU patients	
For patients LESS THAN 65 years old:	
[] IMPACT Advanced Recovery	Routine, Daily with meals, Starting S+1 For 5 Days
	Can/Bottle Supplements: Impact Advanced Recovery
	Number of Cans/Bottles each administration:
	Can/Bottle Supplements: Impact Advanced Recovery
	Can/Bottle Supplements: Impact Advanced Recovery
	Can/Bottle Supplements:
	Can/Bottle Supplements: Impact AR
	Can/Bottle Supplements:
	Can/Bottle Supplements: Impact Advance Recovery
	Can/Bottle Supplements: Impact Advanced Recovery
	IMPACT Advanced Recovery. Drink 1 carton (6 oz/180 mL) by mouth 2
	(two) times daily with meals starting postoperative day 1 for 15 doses.
	Contraindications: not for individuals with galactosemia deficiency,
	allergy to fish oil, congential milk protein allergy, rare contraindications
	with intractable hyperkalemia. Suitable for these diets: lactose
	intolerance, gluten-free, kosher, halal., PACU & Post-op
[] Encourage sips of IMPACT as tolerated	Routine, Until discontinued, Starting S
[] Encourage sips of IMPACT as tolerated	After extubation, Postop day 0, encourage sips of IMPACT Advanced
	Recovery nutrition drink as tolerated., PACU & Post-op
[] Nursing communication	Routine, Until discontinued, Starting S
[] Nursing communication	After extubation, perform bedside swallow evaluation., PACU & Post-op
	Alter extubation, perioriti beuside swallow evaluation., FACO & POSI-Op

[] Diet - Full Liquids	Diet effective now, Starting S
	Diet(s): Full Liquids Other Options:
	Advance Diet as Tolerated? Yes
	Target Diet: GERD - Easy to Digest diet
	Advance target diet criteria:
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Consult to Nutrition Services	Reason For Consult? Other (Specify)
	Specify: ERAS
	Purpose/Topic: RD to manage ERAS nutrition including post-op Impact formula as appropriate
	PACU & Post-op
[] ERAS Diet and Nutrition (Single Response)	
	nd nourishment); Start or advance diet based on patient's tolerance and
disease state	
() ERAS Diet and Nutrition for Acute patients	
[] Diet - Soft easy to digest	Diet effective now, Starting S
	Diet(s): Easy to digest (GERD)
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency: Fluid Restriction:
	Foods to Avoid:
	soft, PACU & Post-op
[] Chew Gum	Routine, Until discontinued, Starting S
	Chew gum 3 times a day (for at least 30 minutes each time) beginning
	evening of POD # 0., PACU & Post-op
() ERAS Diet and Nutrition for ICU patients	
For patients LESS THAN 65 years old:	
1. Nursing communication	Routine, Until discontinued, Starting S
[] Nursing communication	After extubation, perform bedside swallow evaluation., PACU & Post-op
[] Diet - Full Liquids	Diet effective now, Starting S
	Diet(s): Full Liquids
	Other Options:
	Advance Diet as Tolerated? Yes
	Target Diet: GERD - Easy to Digest diet
	Advance target diet criteria:
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
L EBAS Multimodel Dain Mediastiens	PACU & Post-op
[] ERAS Multimodal Pain Medications	programtively manage and control postanerative pain and reduce opicid
	preemptively manage and control postoperative pain and reduce opioid e clock non-opioid analgesic medications and use opioid only for
moderate to severe breakthrough pain (pain score	
	,
[] acetaminophen (TYLENOL) (Single Response)	
Select IV then switch to oral or enteral as sched	luled OR select oral or enteral post-op; Do not exceed 4 gms a day/2 gms
for cirrhotic patients.	
() Acetaminophen oral, per tube or rectal	"Or" Linked Panel
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
sources)	
[] contaminant on (TVI ENOL) to bet	1 000 mg arel avenue haven Far 2 Deace DAOUL 9 Deat ar
[] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
[] acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
	Use if patient cannot swallow tablet.

[] acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
) Acetaminophen oral, per tube or rectal - for pat cirrhosis or severe hepatic dysfunction	atients with "Or" Linked Panel
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
<ul> <li>acetaminophen IV followed by oral</li> <li>acetaminophen (OFIRMEV) IV</li> </ul>	Administer even 45 Minutes once For 1
	1,000 mg, intravenous, Administer over: 15 Minutes, once, For 1 Doses, PACU & Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
[] acetaminophen (TYLENOL) (Single Response	se)
() Acetaminophen oral, per tube or rectal 1000	
[] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op
[] acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op Use if patient cannot swallow tablet.
<ul> <li>Acetaminophen oral, per tube or rectal 650 r patients with cirrhosis or severe hepatic dyst</li> </ul>	mg - for "Or" Linked Panel
Maximum of 4 grams of acetaminophen per sources)	
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op Use if patient cannot swallow tablet
[] acetaminophen (TYLENOL) suppository	Use if patient cannot swallow tablet. 650 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op Use if patient cannot swallow tablet.
<ul> <li>acetaminophen (OFIRMEV) IV (RESTRICTED) - for patients that cannot tolerate oral/enteral/rectal</li> </ul>	<ul> <li>1,000 mg, intravenous, Administer over: 15 Minutes, every 8 hours, For 3 Doses, PACU &amp; Post-op</li> <li>Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:</li> <li>IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?</li> </ul>
] Nonsteroidal Anti-inflammatory Drug (NSAID) (S Response)	Single
Select Ketorolac(TORADOL) IV and one oral NS Do not give to patients with Stage IV - V CKD or	SAID to follow IV dose OR select one oral NSAID unless contraindicated; or AKI; increases risk of GI bleeding
() Ketorolac (TORADOL) IV X 24 hours followed NSAID	by oral
[] ketorolac (TORADOL) IV (Single Response)	

() ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
() ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID
() ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
() ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID.
[] Celecoxib (CELEBREX) OR Ibuprofen (MO	FRIN) OR
Naprosyn Sodium (ALEVE) oral/enteral dos	es (Single
Response)	
() celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op Do not administer to patients with CrCl<30
() ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op
() ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op
() ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU & Post-op
() naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op
() Ketorolac (TORADOL) IV X 48 hours followed NSAID	t by oral
[] ketorolac (TORADOL) IV (Single Response)	
() ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
() ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID
() ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
() ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID.
<ul> <li>Celecoxib (CELEBREX) OR Ibuprofen (MO Naprosyn Sodium (ALEVE) oral/enteral dose Response)</li> </ul>	,
() celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op Do not administer to patients with CrCl<30
() ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU & Post-op
() ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU & Post-op
() ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+48 Hours, PACU & Post-op
() naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op
() Celecoxib (CELEBREX) OR Ibuprofen (MOTI	
Naprosyn Sodium (ALEVE) oral/enteral doses Response)	s (Single
() celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, PACU & Post-op Do not administer to patients with CrCI<30
() ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, PACU & Post-op
() ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, PACU & Post-op
() ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, PACU & Post-op
() naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, PACU & Post-op
Gabapentinoids (Single Response)	
Consider pregabalin (LYRICA) only if unable to	
Contact physician if somnolence or drowsiness mL/min; Give with caution to patients 65 years	s persists; Need renal dose adjustment; Do not administer if CrCl < 15 of age and older
() pregabalin (LYRICA) (Single Response)	
() For patients GREATER than 65 years old (S	ingle
<ul> <li>For patients GREATER than 65 years old (S Response)</li> </ul>	ingle

()	pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min)	25 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min)	25 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min)	25 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	For patients LESS than 65 years old (Single R	esponse)
()	pregabalin (LYRICA) capsule 50 mg (CrCl greater than or equal to 60 mL/min)	50 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min)	50 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)	50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
	abapentin (NEURONTIN) (Single Response)	
	For patients GREATER than 65 years old (Sin Response)	
()	gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)	100 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min)	100 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	gabapentin (NEURONTIN) capsule 100 mg (CrCl 15-29 mL/min)	100 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	For patients LESS than 65 years old (Single R	esponse)
()	gabapentin (NEURONTIN) capsule 300 mg (CrCl greater than or equal to 60 mL/min)	300 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	gabapentin (NEURONTIN) capsule 300 mg (CrCl 30-59 mL/min)	300 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	gabapentin (NEURONTIN) capsule 300 mg (CrCl 15-29 mL/min)	300 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Mu	scle Relaxant (Single Response)	
-	atients GREATER THAN or EQUAL to 65 yea	
	methocarbamol (ROBAXIN) IV followed by ora methocarbamol (ROBAXIN) IVPB	al 500 mg, intravenous, Administer over: 60 Minutes, every 8 hours
	· · ·	scheduled, For 3 Doses, PACU & Post-op
[]	methocarbamol (ROBAXIN) tablet	250 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU 8 Post-op
	cyclobenzaprine (FLEXERIL) tablet atients LESS THAN 65 years old	5 mg, oral, every 12 hours scheduled, PACU & Post-op
[]	methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year	
[]	methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, Administer over: 60 Minutes, every 8 hours scheduled, For 3 Doses, PACU & Post-op
[]	methocarbamol (ROBAXIN) tablet	750 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU 8 Post-op
	cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, 3 times daily, PACU & Post-op
	caine (LIDODERM) patch	
] lic	docaine (LIDODERM) 5 %	1 patch, transdermal, Administer over: 12 Hours, every 24 hours, PACU & Post-op Remove after 12 hours (do not give to patients with adhesive sensitivity
		or allergies to lidocaine).
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<ul> <li>Opioids</li> <li>Only for moderate to severe breakthrough pain</li> </ul>	
[] For moderate breakthrough pain (pain score 4-6)	
[] oxyCODone (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6), PACU & Post-op Allowance for Patient Preference:
[] traMADoL (ULTRAM) (Single Response)	
<ul> <li>traMADoL (ULTRAM) tablet - patients with cirrhosis</li> </ul>	50 mg, oral, every 12 hours PRN, moderate pain (score 4-6), PACU & Post-op
	Allowance for Patient Preference:
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op
	Allowance for Patient Preference:
[] For severe breakthrough pain (pain score 7-10)	
<ul> <li>oxyCODone (ROXICODONE) IR - patients LESS than 65 years old</li> </ul>	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU & Post-op
·	Allowance for Patient Preference:
<ul> <li>oxyCODONE (ROXICODONE) IR - patients</li> <li>65 years old and greater</li> </ul>	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU & Post-op
	Allowance for Patient Preference:
[] traMADol (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU & Post-op
	Allowance for Patient Preference:
[] hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), PACU & Post-op
I	IF unable to tolerate oral intake

# General

**Common Present on Admission Diagnosis** 

[] Acidosis	Post-op
[] Acute Post-Hemorrhagic Anemia	Post-op
[] Acute Renal Failure	Post-op
[] Acute Respiratory Failure	Post-op
[] Acute Thromboembolism of Deep Veins of Lower Extremities	Post-op
[] Anemia	Post-op
[] Bacteremia	Post-op
[] Bipolar disorder, unspecified	Post-op
[] Cardiac Arrest	Post-op
[] Cardiac Dysrhythmia	Post-op
[] Cardiogenic Shock	Post-op
[] Decubitus Ulcer	Post-op
[] Dementia in Conditions Classified Elsewhere	Post-op
[] Disorder of Liver	Post-op
[] Electrolyte and Fluid Disorder	Post-op
[] Intestinal Infection due to Clostridium Difficile	Post-op
[] Methicillin Resistant Staphylococcus Aureus Infection	Post-op
[] Obstructive Chronic Bronchitis with Exacerbation	Post-op
[] Other Alteration of Consciousness	Post-op
[] Other and Unspecified Coagulation Defects	Post-op
[] Other Pulmonary Embolism and Infarction	Post-op
[] Phlebitis and Thrombophlebitis	Post-op
[] Protein-calorie Malnutrition	Post-op
[] Psychosis, unspecified psychosis type	Post-op
[] Schizophrenia Disorder	Post-op
[] Sepsis	Post-op
[] Septic Shock	Post-op
[] Septicemia	Post-op

] Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
] Urinary Tract Infection, Site Not Specified	Post-op
Elective Outpatient Procedure (Single Response)	
) Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
Admission or Observation (Single Response) Patient has active outpatient status order on file	
) Admit to Inpatient	Admitting Physician:
	Level of Care:
	Patient Condition: Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
	PACU & Post-op
) Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
) Outpatient in a bed - extended recovery	PACU & Post-op Admitting Physician:
) Outpatient in a bed - extended recovery	Bed request comments:
	PACU & Post-op
) Transfer patient	Level of Care:
,	Bed request comments:
	Dea request commente.
	Scheduling/ADT
) Return to previous bed	•
) Return to previous bed Admission (Single Response) Patient has active status order on file	Scheduling/ADT
Admission (Single Response)	Scheduling/ADT
Admission (Single Response) Patient has active status order on file	Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Admitting Physician: Level of Care:
Admission (Single Response) Patient has active status order on file	Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Admitting Physician: Level of Care: Patient Condition:
Admission (Single Response) Patient has active status order on file	Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Admitting Physician: Level of Care: Patient Condition: Bed request comments:
Admission (Single Response) Patient has active status order on file	Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen
Admission (Single Response) Patient has active status order on file	Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and
Admission (Single Response) Patient has active status order on file	Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital
Admission (Single Response) Patient has active status order on file	Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and
Admission (Single Response) Patient has active status order on file	Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical 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.
Admission (Single Response) Patient has active status order on file ) Admit to inpatient	Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Admitting Physician:         Level of Care:         Patient Condition:         Bed request comments:         Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.         PACU & Post-op         Level of Care:         Bed request comments:
Admission (Single Response) Patient has active status order on file ) Admit to inpatient ) Transfer patient	Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Admitting Physician:         Level of Care:         Patient Condition:         Bed request comments:         Certification: I certify that based on my best clinical 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.         PACU & Post-op         Level of Care:         Bed request comments:         Scheduling/ADT
Admission (Single Response) Patient has active status order on file ) Admit to inpatient	Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Admitting Physician:         Level of Care:         Patient Condition:         Bed request comments:         Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.         PACU & Post-op         Level of Care:         Bed request comments:
Admission (Single Response) Patient has active status order on file ) Admit to inpatient ) Transfer patient	Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Admitting Physician:         Level of Care:         Patient Condition:         Bed request comments:         Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.         PACU & Post-op         Level of Care:         Bed request comments:         Scheduling/ADT
Admission (Single Response) Patient has active status order on file ) Admit to inpatient ) Admit to inpatient ) Transfer patient ) Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file	Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Admitting Physician:         Level of Care:         Patient Condition:         Bed request comments:         Certification: I certify that based on my best clinical judgment         and the patient's condition as documented in the HP and         progress notes, I expect that the patient will need hospital         services for two or more midnights.         PACU & Post-op         Level of Care:         Bed request comments:         Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT
Admission (Single Response) Patient has active status order on file ) Admit to inpatient ) Admit to inpatient ) Transfer patient ) Return to previous bed Transfer (Single Response)	Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Admitting Physician:         Level of Care:         Patient Condition:         Bed request comments:         Certification: I certify that based on my best clinical 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.         PACU & Post-op         Level of Care:         Bed request comments:         Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Level of Care:         Bed request comments:         Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT
Admission (Single Response) Patient has active status order on file ) Admit to inpatient ) Admit to inpatient ) Transfer patient ) Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file	Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Admitting Physician:         Level of Care:         Patient Condition:         Bed request comments:         Certification: I certify that based on my best clinical 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.         PACU & Post-op         Level of Care:         Bed request comments:         Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Level of Care:         Bed request comments:         Scheduling/ADT         Level of Care:         Bed request comments:         Scheduling/ADT         Level of Care:         Bed request comments:         Scheduling/ADT
Admission (Single Response) Patient has active status order on file ) Admit to inpatient ) Admit to inpatient ) Transfer patient ) Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file	Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Admitting Physician:         Level of Care:         Patient Condition:         Bed request comments:         Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.         PACU & Post-op         Level of Care:         Bed request comments:         Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Level of Care:         Bed request comments:         Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT
Admission (Single Response) Patient has active status order on file ) Admit to inpatient ) Admit to inpatient ) Transfer patient ) Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file ) Transfer patient	Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Admitting Physician:         Level of Care:         Patient Condition:         Bed request comments:         Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.         PACU & Post-op         Level of Care:         Bed request comments:         Scheduling/ADT         Routine, Until discontinued, Starting S, Scheduling/ADT         Level of Care:         Bed request comments:         Scheduling/ADT         Level of Care:         Bed request comments:         Scheduling/ADT         Level of Care:         Bed request comments:         Scheduling/ADT

() Full code	Code Status decision reached by: Post-op
() DNR (Do Not Resuscitate) (Selection Required	
[] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter?
	Did the patient/surrogate require the use of an interpreter?
	Does patient have decision-making capacity?
	Post-op
[] Consult to Palliative Care Service	
[] Consult to Palliative Care Service	Priority: Reason for Consult?
	Order?
	Name of referring provider:
	Enter call back number:
[] Consult to Social Work	Reason for Consult: Post-op
() Modified Code	Did the patient/surrogate require the use of an interpreter?
	Did the patient/surrogate require the use of an interpreter?
	Does patient have decision-making capacity?
	Modified Code restrictions:
	Post-op
Treatment Restrictions ((For use when a patient i	
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
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
Droplet isolation status	Details
Enteric isolation status	Details
ecautions	
Aspiration precautions	Post-op
Fall precautions	Increased observation level needed:
	Post-op
Latex precautions	Post-op
Seizure precautions	Increased observation level needed: Post-op
ursing	
al Signs	
al Signs Vital signs - T/P/R/BP	Routine, Per unit protocol, Post-op
	Routine, Per unit protocol, Post-op
Vital signs - T/P/R/BP	Routine, 3 times daily
Vital signs - T/P/R/BP	

[] Remove Foley catheter	Routine, Once Remove Foley catheter at 6 am on POD #1. If patient does not void within 6 hours after removing foley, bladder scan and call MD, Post-op
[X] Patient does not need to void prior to discharge	Routine, Until discontinued, Starting S, Post-op
[X] Saline lock IV	Routine, Continuous When tolerating sips of clears, Post-op
Incision Care	
[X] Apply ice pack	Routine, Until discontinued, Starting S Afftected area: anal area Post-op
[] Sitz bath	Routine, Once, Post-op
[] Surgical/incision site care	Routine, As needed Location: Site: Apply: Dressing Type: Open to air? Post-op
Notify	
[X] Notify Surgeon for discharge orders when patient awake, alert, and tolerating fluids by mouth.	Routine, Until discontinued, Starting S, Post-op
Diet	
[] Diet- Regular diet as tolerated	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
Education	
[X] Patient education- Anorectal discharge instructions	Routine, Once Patient/Family: Both Education for: Provide patient with Anorectal Discharge Instructions , Post-op
Medications	
Pain Medications Check Prescription Drug Monitoring Program. Prior to initiation of opioid therapy, it is recommended to che assess patient's opioid tolerance status. A summarized vers	

(https://texas.pmpaware.net/login) Texas PMP

Pain Management Guide

Opioid PCA Conversion to Oral Opioid Regimen

Due to risk of accumulation of toxic metabolite, the use of morphine in patients with renal dysfunction is not recommended. An alternative opioid should be utilized, if possible.

NaRx Score on the patient's Storyboard. You may access the full version of the Texas PMP here."

[] Scheduled Pain Medications (Single Response)

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

) acetaminophen (TYLENOL) 500 mg tablet or	
[] acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours scheduled, Post-op Use if patient can tolerate oral tablet.
[] acetaminophen (TYLENOL) liquid	500 mg, oral, every 6 hours scheduled, Post-op
) acetaminophen (TYLENOL) 650 mg tablet or	
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours scheduled, Post-op
[]	Use if patient can tolerate oral tablet.
[] acetaminophen (TYLENOL) liquid	650 mg, oral, every 6 hours scheduled, Post-op
) NSAIDS: For Patients LESS than 65 years o Response)	
() ibuprofen (ADVIL, MOTRIN) tablet or oral s	suspension "Or" Linked Panel
[] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours scheduled, Post-op
	Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
[] ibuprofen (MOTRIN) 100 mg/5 mL	600 mg, oral, every 6 hours scheduled, Post-op
suspension	Not recommended for patients with eGFR LESS than 30 mL/min or
Suspension	acute kidney injury.
() naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily, Post-op
() celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily, Post-op
() ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours scheduled, Post-op
	For patients LESS THAN 65 years old. Not recommended for patients
	with eGFR LESS than 30 mL/min or acute kidney injury.
) NSAIDS: For Patients GREATER than or EC	
years old (Single Response)	10AE 10 03
() ibuprofen (ADVIL, MOTRIN) tablet or oral s	suspension "Or" Linked Panel
[] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours scheduled, Post-op
	Not recommended for patients with eGFR LESS than 30 mL/min or
	acute kidney injury. Give if patient is able to tolerate oral medication.
[] ibuprofen (MOTRIN) 100 mg/5 mL	600 mg, oral, every 6 hours scheduled, Post-op
suspension	Not recommended for patients with eGFR LESS than 30 mL/min or
30396131011	acute kidney injury.
	Use if patient cannot swallow tablet.
() naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily, Post-op
() celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily, Post-op
() ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours scheduled, Post-op
PRN Pain Medications	
PRN Medications for Mild Pain (Pain Score 1	1-3). For
Patients LESS than 65 years old (Single Res	
Do not order both scheduled and PRN NSAI	
() acetaminophen (TYLENOL) tablet OR oral OR rectal suppository	•
Maximum of 4 grams of acetaminophen per sources)	r day from all sources. (Cirrhosis patients maximum: 2 grams per day from
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient able to swallow tablet.
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot tolerate oral tablet.
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot tolerate oral tablet OR oral solution.
() ibuprofen (ADVIL, MOTRIN) tablet or oral s	uspension "Or" Linked Panel
	Suspension"Or" Linked Panel600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
() ibuprofen (ADVIL, MOTRIN) tablet or oral s	uspension "Or" Linked Panel

(score 1-3), Post-op
nild pain (score 1-3), Post-op
imum: 2 grams per day from all
ain (score 1-3), Post-op
ain (score 1-3), Post-op
ain (score 1-3), Post-op lication.
ain (score 1-3), Post-op
ain (score 1-3), Post-op
lication. s contraindicated in patients
s contraindicated in patients ent OVER 12 years of age?
ain (score 1-3), Post-op
s contraindicated in patients
ent OVER 12 years of age?
nild pain (score 1-3), Post-op
ate pain (score 4-6), Post-op
sector disasted in notionte
s contraindicated in patients ent OVER 12 years of age?
rate pain (score 4-6), Post-op
s contraindicated in patients
ent OVER 12 years of age?
ent OVER 12 years of age?
num: 2 grams per day from all
num: 2 grams per day from all
num: 2 grams per day from all ate pain (score 4-6), Post-op
num: 2 grams per day from all

() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Tablets may be crushed. Give if patient able to swallow tablet Allowance for Patient Preference:
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Max daily dose 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet. Allowance for Patient Preference:
<ol> <li>PRN Oral Medications for Moderate Pain (Pain 4-6): For Patients GREATER than or EQUAL to old (Single Response)</li> </ol>	Score
() acetaminophen-codeine (TYLENOL #3) tablet	OR elixir "Or" Linked Panel
[] acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:
<ul> <li>acetaminophen-codeine 300 mg-30 mg /12.5 mL solution</li> </ul>	<ul> <li>12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient cannot swallow tablet.</li> <li>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:</li> <li>Allowance for Patient Preference:</li> </ul>
	CO) tablet       "Or" Linked Panel         ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
sources)	
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet. Allowance for Patient Preference:
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet. Allowance for Patient Preference:
() oxyCODONE (ROXICODONE) immediate release tablet	2.5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Tablets may be crushed. Give if patient able to swallow tablet Allowance for Patient Preference:
() traMADoL (ULTRAM) tablet	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
	Allowance for Patient Preference:
<ol> <li>PRN IV Medications for Moderate Pain (Pain Sc For Patients LESS than 65 years old if unable to Oral Pain Medication. (Single Response)</li> </ol>	
Due to risk of toxicity, the use of morphine produced recommended. An alternative opioid should be used	ucts in patients with renal dysfunction, particularly in ESRD, is not utilized.
() morPHINE injection	2 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications. Allowance for Patient Preference:
() hydromorPHONE (DILAUDID) injection	0.25 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications
() ketorolac (TORADOL) IV (Single Response) Do NOT use in patients with eGFR LESS than WARNING: Use is contraindicated for treatmen (CABG) surgery.	

() For patients ages 17-64 AND weight	
GREATER than or EQUAL to 50 kg AND	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), Post-op
eGFR at least 60 mL/min - ketorolac (TORADOL) injection	Use if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications
PRN IV Medications for Moderate Pain (Pain S For Patients GREATER than or EQUAL to 65 y unable to tolerate Oral Pain Medication. (Single Response)	Score 4-6): years old if
Due to risk of toxicity, the use of morphine proc	ducts in patients with renal dysfunction, particularly in ESRD, is not utilized. (adjust dose for renal/liver function and age)
) morPHINE injection	1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications. Allowance for Patient Preference:
) hydromorPHONE (DILAUDID) injection	0.25 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain
PRN Oral Medications for Severe Pain (Pain S 7-10): For Patients LESS than 65 years old (Sin Response)	
	ducts in patients with renal dysfunction, particularly in ESRD, is not utilized.
) HYDROcodone-acetaminophen 10/325 (NOR OR elixir	RCO) tablet "Or" Linked Panel
	lay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. Allowance for Patient Preference:
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet. Allowance for Patient Preference:
) morPHINE immediate-release tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet Allowance for Patient Preference:
) oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet Allowance for Patient Preference:
PRN Oral Medications for Severe Pain (Pain S 7-10): For Patients GREATER than or EQUAL years old (Single Response)	core
	ducts in patients with renal dysfunction, particularly in ESRD, is not utilized.
) oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Oral tablets may be crushed. Give if patient able to swallow tablet Allowance for Patient Preference:
) morPHINE immediate-release tablet	7.5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Oral tablets may be crushed. Give if patient able to swallow tablets.
	Allowance for Patient Preference:

[] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. Allowance for Patient Preference:
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet. Allowance for Patient Preference:
() HYDROcodone-acetaminophen 10/325 (NOR OR elixir	
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. Allowance for Patient Preference:
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet. Allowance for Patient Preference:
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet. Allowance for Patient Preference:
<ol> <li>PRN IV Medications for Severe Pain (Pain Sco For Patients LESS than 65 years old if unable t Oral Pain Medication. (Single Response)</li> </ol>	
	ducts in patients with renal dysfunction, particularly in ESRD, is not utilized.
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. Allowance for Patient Preference:
() morPHINE injection	<ul> <li>4 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op</li> <li>Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.</li> <li>Allowance for Patient Preference:</li> </ul>
() hydromorPHONE (DILAUDID) injection	<ul> <li>0.5 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op</li> <li>Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.</li> </ul>
] PRN IV Medications for Severe Pain (Pain Sco For Patients GREATER than or EQUAL to 65 y unable to tolerate Oral Pain Medication. (Single Response)	vears old if
Due to risk of toxicity, the use of morphine proc recommended. An alternative opioid should be	ducts in patients with renal dysfunction, particularly in ESRD, is not utilized.
() fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. Allowance for Patient Preference:
() morPHINE injection	2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications. Allowance for Patient Preference:
() hydromorPHONE (DILAUDID) injection	0.25 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
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and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times
times.

/T Risk and Prophylaxis Tool (Single Response	e) (Selection Required)
Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)	
<ul> <li>Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)</li> </ul>	
[] Moderate 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	e 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
<ul> <li>Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)</li> </ul>	
[] Moderate 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	e Response)
<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	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
<ul> <li>Patient currently has an active order for therapeutic anticoagulant or VTE</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on

[] Place sequential compression device (Single Response)

<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	Routine, Once No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression	PACU & Post-op Routine, Continuous, PACU & Post-op
device continuous	
() High Risk - Patient currently has an active orde	
therapeutic anticoagulant or VTE prophylaxis (	Selection
Required)	Douting Once DACIL & Doct on
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
therapeutic anticoagulant or VTE prophylaxis	therapeutic anticoagulation for other indication.
ριοριγιαχίο	Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fac	ctors
	- N
[] Low Risk (Single Response) (Selection Require	
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgate early ambulation
	PACU & Post-op
MODERATE Risk of DVT - Surgical (Selection Re	
Moderate Risk Definition	
	lechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hou	re
	15
Less than fully and independently ambulatory	
Less than fully and independently ambulatory Estrogen therapy	
Estrogen therapy	
Estrogen therapy Moderate or major surgery (not for cancer)	
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
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
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - S	Routine, Once, PACU & Post-op Surgical
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	Routine, Once, PACU & Post-op Surgical )
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - S	Routine, Once, PACU & Post-op Surgical )
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission           [] Moderate Risk (Selection Required)           [] Moderate risk of VTE           [] Moderate Risk Pharmacological Prophylaxis - S           Patient (Single Response) (Selection Required)           () Contraindications exist for pharmacologic prop           BUT order Sequential compression device           [] Contraindications exist for pharmacologic	Routine, Once, PACU & Post-op Surgical ) phylaxis <b>"And" Linked Panel</b> Routine, Once
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prop BUT order Sequential compression device	Routine, Once, PACU & Post-op Surgical ) phylaxis <b>"And" Linked Panel</b> Routine, Once No pharmacologic VTE prophylaxis due to the following
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prop BUT order Sequential compression device [] Contraindications exist for pharmacologic	Routine, Once, PACU & Post-op Surgical ) phylaxis <b>"And" Linked Panel</b> Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk OVTE [] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prop BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op Surgical ) phylaxis <b>"And" Linked Panel</b> Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission           [] Moderate Risk (Selection Required)           [] Moderate risk of VTE           [] Moderate Risk Pharmacological Prophylaxis - S           Patient (Single Response) (Selection Required)           () Contraindications exist for pharmacologic prop           BUT order Sequential compression device           [] Contraindications exist for pharmacologic	Routine, Once, PACU & Post-op Surgical ) phylaxis <b>"And" Linked Panel</b> Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

[] 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 Resp (Selection Required)	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa	
() For CrCl 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):
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	
[] 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</li> <li>If the patient does not have a history of or suspected case of</li> <li>Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication</li> <li>Contraindicated in patients LESS than 50kg, prior to surgery/invasive</li> <li>procedure, or CrCI LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced</li> <li>Thrombocytopenia (HIT):</li> </ul>
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<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:
<ul> <li>Mechanical Prophylaxis (Single Response) (Sel Required)</li> </ul>	
<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

	hanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	ion debudration variages vains, concer consis, chapity, providus
	ion, dehydration, varicose veins, cancer, sepsis, obesity, previous g swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	g sweining, dicers, venous stasis and nephrotic syndrome
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hours	
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
Major surgery want o months of admission	
1 Mederate Diale (Selection Dequired)	
[] Moderate Risk (Selection Required)         [] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Selection	
Required)	
() Contraindications exist for pharmacologic prophy	laxis - "And" Linked Panel
Order Sequential compression device	
[] 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	
() Contraindications exist for pharmacologic prophy	laxis "And" Linked Panel
AND mechanical prophylaxis	
[] 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 Respon	nse)
(Selection Required)	
Patient renal status: @CRCL@	
For patients with CrCI GREATER than or EOUA	to 30mL/min, enoxaparin orders will apply the following recommended
doses by weight:	
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hours	
GREATER THAN or EQUAL to 140kg enoxapari	n 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (LC	OVENOX)
subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op
	Indication(s):
<ul> <li>For CrCl GREATER than or EQUAL TO 30 mL/ enoxaparin (LOVENOX) subcutaneous</li> </ul>	
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op
-	Indication(s):

	Indication(s):
subcutaneous Daily at 1700	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op
() For CrCl LESS than 30mL/min - enoxaparin (	(LOVENOX)
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	
Patient renal status: @CRCL@	
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
<ul> <li>() Contraindications exist for pharmacologic prophylaxis</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	cal Patient
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once, PACU & Post-op
<ul> <li>() HIGH Risk of DVT - Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE</li> </ul>	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
device continuous	
<ul> <li>() Contraindications exist for mechanical prophylaxis</li> <li>() Place/Maintain sequential compression</li> </ul>	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
[] Mechanical Prophylaxis (Single Response) (Sel Required)	lection
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
<ul> <li>weight &lt; 50kg and age &gt; 75yrs)</li> <li>() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg</li> </ul>	than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
	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):
() 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

heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) heparin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) Mechanical Prophylaxis (Single Response) (Select Required) Contraindications exist for mechanical prophylaxis F	subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op f the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op S,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg. Dral, daily at 1700, Starting S+1, PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication: tion Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Routine, Continuous, PACU & Post-op
heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) theparin (porcine) injection - For Patients with weight GREATER than 100 kg F warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) Mechanical Prophylaxis (Single Response) (Select Required) Contraindications exist for mechanical prophylaxis F Place/Maintain sequential compression device continuous H Risk of DVT - Non-Surgical (Selection Required h Risk Definition	f the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg. bral, daily at 1700, Starting S+1, PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication: tion Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
Theparin (porcine) injection       T         heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.       F         weight < 50kg and age > 75yrs)       F         heparin (porcine) injection - For Patients       7         with weight GREATER than 100 kg       F         warfarin (COUMADIN) tablet       C         Pharmacy consult to manage warfarin (COUMADIN)       In         Mechanical Prophylaxis (Single Response) (Select Required)       F         Contraindications exist for mechanical prophylaxis       F         Place/Maintain sequential compression device continuous       F         H Risk of DVT - Non-Surgical (Selection Required h Risk Definition       F	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg. bral, daily at 1700, Starting S+1, PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication: tion Routine, Once No mechanical VTE prophylaxis due to the following contraindication(starting S PACU & Post-op
F       heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.       F         weight < 50kg and age > 75yrs)       F         heparin (porcine) injection - For Patients       7         with weight GREATER than 100 kg       F         warfarin (COUMADIN) tablet       F         Pharmacy consult to manage warfarin (COUMADIN)       In         Mechanical Prophylaxis (Single Response) (Select Required)       F         Contraindications exist for mechanical prophylaxis       F         Place/Maintain sequential compression device continuous       F         H Risk of DVT - Non-Surgical (Selection Required n Risk Definition       F	Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg. bral, daily at 1700, Starting S+1, PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication: tion Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) theparin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) Mechanical Prophylaxis (Single Response) (Select Required) Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous H Risk of DVT - Non-Surgical (Selection Required h Risk Definition	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, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg. Dral, daily at 1700, Starting S+1, PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication: tion Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
ti heparin (porcine) injection - For Patients with weight GREATER than 100 kg F warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) Mechanical Prophylaxis (Single Response) (Select Required) Contraindications exist for mechanical prophylaxis F Place/Maintain sequential compression device continuous H Risk of DVT - Non-Surgical (Selection Required h Risk Definition	than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1, PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication: tion Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
with weight GRÉATER than 100 kg F warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) Mechanical Prophylaxis (Single Response) (Select Required) Contraindications exist for mechanical prophylaxis F Place/Maintain sequential compression device continuous H Risk of DVT - Non-Surgical (Selection Required h Risk Definition	Post-op For patients with weight GREATER than 100 kg. bral, daily at 1700, Starting S+1, PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication: tion Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
warfarin (COUMADIN) tablet       c         Pharmacy consult to manage warfarin       S         (COUMADIN)       In         Mechanical Prophylaxis (Single Response) (Select         Required)         Contraindications exist for mechanical         Prophylaxis         Place/Maintain sequential compression         device continuous         H Risk of DVT - Non-Surgical (Selection Required)	oral, daily at 1700, Starting S+1, PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication: tion Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
Pharmacy consult to manage warfarin (COUMADIN)       In         Mechanical Prophylaxis (Single Response) (Select Required)       In         Contraindications exist for mechanical prophylaxis       F         Place/Maintain sequential compression device continuous       F         H Risk of DVT - Non-Surgical (Selection Required)       F	Indication: STAT, Until discontinued, Starting S Indication: tion Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
(COUMADIN)       In         Mechanical Prophylaxis (Single Response) (Select Required)         Contraindications exist for mechanical       F         prophylaxis       N         Place/Maintain sequential compression       F         device continuous       F         H Risk of DVT - Non-Surgical (Selection Required)	ndication: tion Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
Required) Contraindications exist for mechanical F prophylaxis N Place/Maintain sequential compression F device continuous H Risk of DVT - Non-Surgical (Selection Required h Risk Definition	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
prophylaxis N F Place/Maintain sequential compression F device continuous H Risk of DVT - Non-Surgical (Selection Required h Risk Definition	No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
device continuous H Risk of DVT - Non-Surgical (Selection Required h Risk Definition	Routine, Continuous, PACU & Post-op
h Risk Definition	
	d)
h pharmacologic AND machanical prophylogic mu	
or more of the following medical conditions:	
	mutations, anticardiolipin antibody syndrome; antithrombin, protein C
protein S deficiency; hyperhomocysteinemia; myel rere fracture of hip, pelvis or leg	lopromerative disorders)
ute spinal cord injury with paresis	
tiple major traumas	
lominal or pelvic surgery for CANCER	
te ischemic stroke	
ory of PE	
ligh Risk (Selection Required)	
	Routine, Once, PACU & Post-op
ligh Risk Pharmacological Prophylaxis - Non-Surg Patient (Single Response) (Selection Required)	-
prophylaxis N	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op

(Selection Required)

Patient renal status: @CRCL@	
For patients with CrCI GREATER than or EQU doses by weight:	JAL to 30mL/min, enoxaparin orders will apply the following recommended
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hour	
GREATER THAN or EQUAL to 140kg enoxap	ann 40mg every 12 nours
() 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 r 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	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
with weight GREATER than 100 kg	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 device continuous	Routine, Continuous, PACU & Post-op
() HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio Required)	n
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	
Severe fracture of hip, pelvis or leg	,
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER Acute ischemic stroke	
History of PE	
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip o	
(Arthroplasty) Surgical Patient (Single Respons (Selection Required)	

) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
) aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
Apixaban and Pharmacy Consult (Selection R	equired)
] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
<ul> <li>Pharmacy consult to monitor apixaban (ELIQUIS) therapy</li> </ul>	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
) enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	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	(LOVENOX)
subcutaneous Daily at 1700 [] 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 n enoxaparin (LOVENOX) subcutaneous	
[] 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</li> <li>If the patient does not have a history or suspected case of</li> <li>Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication</li> <li>Contraindicated in patients LESS than 50kg, prior to surgery/invasive</li> <li>procedure, or CrCI LESS than 30 mL/min</li> <li>This patient has a history of or suspected case of Heparin-Induced</li> <li>Thrombocytopenia (HIT):</li> </ul>
) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
) Rivaroxaban and Pharmacy Consult (Selection Required)	
<ul> <li>[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission</li> </ul>	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
<ul> <li>Pharmacy consult to monitor rivaroxaban (XARELTO) therapy</li> </ul>	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	STAT, Until discontinued, Starting S

() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
DVT Risk and Prophylaxis Tool (Single Response)	
<ul> <li>Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratifi (Single Response) (Selection Required)</li> </ul>	
<ul> <li>Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required)</li> </ul>	Selection
[] Moderate 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	
() 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>Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (\$ Required)</li> </ul>	Selection
[] Moderate 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	
<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 orde 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	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() High Risk - Patient currently has an active orde therapeutic anticoagulant or VTE prophylaxis (S Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op

[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single F	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
() LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fac	tors
[] Low Risk (Single Response) (Selection Require	d)
() Low risk of VTE	Routine, Once
()	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
() MODERATE Risk of DVT - Surgical (Selection Red	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mo contraindicated.	echanical prophylaxis is optional unless pharmacologic is
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	leg swelling, ulcers, venous stasis and nephrotic syndrome
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	hylaxis "And" Linked Panel
<ul> <li>[] Contraindications exist for pharmacologic prophylaxis</li> </ul>	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
<ul> <li>Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> </ul>	
<ul> <li>[] Contraindications exist for pharmacologic prophylaxis</li> </ul>	Routine, Once 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 contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	

Patient renal status: @	CRCL@	
For patients with CrCl doses by weight: Weight Dose	GREATER than or EQU	JAL to 30mL/min, enoxaparin orders will apply the following recommended
LESS THAN 100kg er		
	arin 30mg every 12 hours	
GREATER THAN OF E	QUAL to 140kg enoxap	arin 40mg every 12 hours
subcutaneous Daily		
[] enoxaparin (LOVEN		30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
() For CrCl GREATER enoxaparin (LOVEN)	than or EQUAL TO 30 m OX) subcutaneous	nL/min -
[] enoxaparin (LOVEN	NOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
() fondaparinux (ARIXTF	RA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1, PACU &amp; Post-op</li> <li>If the patient does not have a history of or suspected case of</li> <li>Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.</li> <li>Contraindicated in patients LESS than 50kg, prior to surgery/invasive</li> <li>procedure, or CrCI LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced</li> <li>Thrombocytopenia (HIT):</li> </ul>
() heparin (porcine) injec	tion	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<ul> <li>heparin (porcine) inject for patients with high r</li> </ul>		5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age		Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injec		7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU &
with weight GREATER	R than 100 kg	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 n (COUMADIN)	nanage warfarin	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis Required)	s (Single Response) (Sel	lection
() Contraindications exis prophylaxis	t for mechanical	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequer device continuous	ntial compression	Routine, Continuous, PACU & Post-op
() MODERATE Risk of DVT Required)	- Non-Surgical (Selectio	n
Moderate Risk Definition		
Pharmacologic prophylaxi contraindicated.	s must be addressed. M	echanical prophylaxis is optional unless pharmacologic is
One or more of the followi	ng medical conditions:	
		nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
Age 60 and above	ase, sickle cell disease,	leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line		
History of DVT or family h Anticipated length of stay		
Less than fully and indepe		3
Estrogen therapy		
Moderate or major surgery Major surgery within 3 mo		
major surgery within s 110		

(

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
<ul> <li>Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)</li> </ul>	tion
<ul> <li>Contraindications exist for pharmacologic prop Order Sequential compression device</li> </ul>	ohylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	ohylaxis "And" Linked Panel
<ul> <li>[] Contraindications exist for pharmacologic prophylaxis</li> </ul>	Routine, Once 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 contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Resp (Salastian Dequired)	ponse)
(Selection Required) Patient renal status: @CRCL@	
Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxap	arin 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, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous	nL/min -
[] 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.
<ul> <li>HEParin (porcine) injection - For Patients with weight GREATER than 100 kg</li> </ul>	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)	lection

()	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
()	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
HIG	GH Risk of DVT - Surgical (Selection Required)	
Bot On Thr	h Risk Definition th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin vari protein S deficiency; hyperhomocysteinemia; m	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Sev Ac	vere fracture of hip, pelvis or leg cute spinal cord injury with paresis Itiple major traumas	, ,
Αсι	dominal or pelvic surgery for CANCER ute ischemic stroke story of PE	
	High Risk (Selection Required)	
	High risk of VTE	Routine, Once, PACU & Post-op
_ (	High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)	
()	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
()	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
	Patient renal status: @CRCL@	
$\overline{()}$	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	parin 40mg every 12 hours
()	subcutaneous Daily at 1700	
	<ul> <li>enoxaparin (LOVENOX) injection</li> <li>For CrCl GREATER than or EQUAL TO 30 r</li> </ul>	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
()	enoxaparin (LOVENOX) subcutaneous	
l	] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op
~		Indication(s):
()	fondaparinux (ARIXTRA) injection	Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() () ()		Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU 8 Post-op
() () () ()	heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU 8
() ()	heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

	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)	election
<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 Req	juired)
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin var or protein S deficiency; hyperhomocysteinemia; r 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	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required)	
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-	Routine, Once, PACU & Post-op
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	PACU & Post-op
(Selection Required)	PACU & Post-op
	PACU & Post-op
(Selection Required) Patient renal status: @CRCL@	PACU & Post-op sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended
<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 enoxa</li> <li>() For CrCl LESS than 30mL/min - enoxaparin</li> </ul>	PACU & Post-op sponse) WAL to 30mL/min, enoxaparin orders will apply the following recommended Irs parin 40mg every 12 hours
(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 enoxa	PACU & Post-op sponse) WAL to 30mL/min, enoxaparin orders will apply the following recommended Irs 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 GREATER THAN or EQUAL to 140kg enoxa</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> </ul>	PACU & Post-op sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended ars parin 40mg every 12 hours h (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
<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 enoxa</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>	PACU & Post-op sponse) QUAL to 30mL/min, enoxaparin orders will apply the following recommended Irs parin 40mg every 12 hours n (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op Indication(s):
<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 enoxa</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>	PACU & Post-op sponse) PUAL to 30mL/min, enoxaparin orders will apply the following recommended Irs parin 40mg every 12 hours h (LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op

()		
	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
-	Mechanical Prophylaxis (Single Response) (Se Required)	lection
()	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
()	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
	GH Risk of DVT - Surgical (Hip/Knee) (Selection quired)	n
Ac Mul Abc Acu	vere fracture of hip, pelvis or leg sute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE	
	High Risk (Selection Required)	
] ŀ []	High risk of VTE	Routine, Once, PACU & Post-op
H [] [] H [] )		Knee
[] [] [] H ( (	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Respons	<ul> <li>Knee</li> <li>e)</li> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> </ul>
]	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic	<ul> <li>Knee</li> <li>e)</li> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following</li> </ul>
] H [] ] H ( () ()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet	<ul> <li>Knee</li> <li>e)</li> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>PACU &amp; Post-op</li> <li>162 mg, oral, daily, Starting S+1, PACU &amp; Post-op</li> <li>162 mg, oral, daily, Starting S+1, PACU &amp; Post-op</li> </ul>
] F [] ] F ( ( ()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection R	<ul> <li>Knee</li> <li>e)</li> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>PACU &amp; Post-op</li> <li>162 mg, oral, daily, Starting S+1, PACU &amp; Post-op</li> <li>162 mg, oral, daily, Starting S+1, PACU &amp; Post-op</li> <li>equired)</li> </ul>
] F [] ] F ( ( ()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet	<ul> <li>Knee</li> <li>e)</li> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>PACU &amp; Post-op</li> <li>162 mg, oral, daily, Starting S+1, PACU &amp; Post-op</li> <li>162 mg, oral, daily, Starting S+1, PACU &amp; Post-op</li> <li>equired)</li> <li>2.5 mg, oral, 2 times daily, Starting S+1, PACU &amp; Post-op</li> <li>Indications: VTE prophylaxis</li> </ul>
	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy	<ul> <li>Knee</li> <li>e)</li> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>PACU &amp; Post-op</li> <li>162 mg, oral, daily, Starting S+1, PACU &amp; Post-op</li> <li>162 mg, oral, daily, Starting S+1, PACU &amp; Post-op</li> <li>equired)</li> <li>2.5 mg, oral, 2 times daily, Starting S+1, PACU &amp; Post-op</li> <li>Indications: VTE prophylaxis</li> <li>STAT, Until discontinued, Starting S</li> <li>Indications: VTE prophylaxis</li> </ul>
	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban	<ul> <li>Knee</li> <li>e)</li> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>PACU &amp; Post-op</li> <li>162 mg, oral, daily, Starting S+1, PACU &amp; Post-op</li> <li>162 mg, oral, daily, Starting S+1, PACU &amp; Post-op</li> <li>equired)</li> <li>2.5 mg, oral, 2 times daily, Starting S+1, PACU &amp; Post-op</li> <li>Indications: VTE prophylaxis</li> <li>STAT, Until discontinued, Starting S</li> <li>Indications: VTE prophylaxis</li> </ul>
	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Resp	<ul> <li>Knee</li> <li>e)</li> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>PACU &amp; Post-op</li> <li>162 mg, oral, daily, Starting S+1, PACU &amp; Post-op</li> <li>162 mg, oral, daily, Starting S+1, PACU &amp; Post-op</li> <li>equired)</li> <li>2.5 mg, oral, 2 times daily, Starting S+1, PACU &amp; Post-op</li> <li>Indications: VTE prophylaxis</li> <li>STAT, Until discontinued, Starting S</li> <li>Indications: VTE prophylaxis</li> </ul>
	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCI GREATER than or EQL doses by weight: Weight Dose	<ul> <li>Knee</li> <li>e)</li> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>PACU &amp; Post-op</li> <li>162 mg, oral, daily, Starting S+1, PACU &amp; Post-op</li> <li>162 mg, oral, daily, Starting S+1, PACU &amp; Post-op</li> <li>equired)</li> <li>2.5 mg, oral, 2 times daily, Starting S+1, PACU &amp; Post-op</li> <li>Indications: VTE prophylaxis</li> <li>STAT, Until discontinued, Starting S</li> <li>Indications: VTE prophylaxis</li> </ul>
	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQL doses by weight:	Knee         e)         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op         162 mg, oral, daily, Starting S+1, PACU & Post-op         162 mg, oral, daily, Starting S+1, PACU & Post-op         162 mg, oral, 2 times daily, Starting S+1, PACU & Post-op         equired)         2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op         Indications: VTE prophylaxis         STAT, Until discontinued, Starting S         Indications: VTE prophylaxis         SONSe)

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<ul> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL T</li> </ul>	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
enoxaparin (LOVENOX) subcutaneou	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<ul> <li>() heparin (porcine) injection (Recommen for patients with high risk of bleeding, e weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	.g. 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 Patient with weight GREATER than 100 kg	s 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 (S Required)	election
[] rivaroxaban (XARELTO) tablet for hip knee arthroplasty planned during this admission	or 10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxal (XARELTO) therapy	ban 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 Respons Required)	se) (Selection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op

Imaging

**Other Studies** 

Respiratory

## Rehab

### Consults

For Physician Consult orders use sidebar

**Ancillary Consults** 

\* If Stoma creation, consult Wound Ostomy care Nurse for stoma care/teaching on POD 1.

\*\* If stoma creation, consult Case Management to set up home health for ostomy supplies and post operative care.

\*\*\*Consult physical therapy and social work POD 1 for reconditioning and postoperative placement.

[] Consult to Wound Ostomy Care nurse	Reason for consult:
	Reason for consult:
	Reason for consult:
	Reason for consult:
	Consult for NPWT:
	Reason for consult:
	Reason for consult:
	Post-op
[] Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): 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:
	Post-op
[] Consult to Case Management	Consult Reason:
	Post-op
[] Consult to Social Work	Reason for Consult:
	Post-op
[] Consult to Nutrition Services	Reason For Consult?
	Purpose/Topic:
	Post-op

# Additional Orders