Anorectal Surgery Post-Op [2163]

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:

[ ] Nursing communication	Routine, Until discontinued, Starting S 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 (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

[ ] 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 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 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-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 Multimodal Pain Medications

Goal of ERAS multimodal pain management is to preemptively manage and control postoperative pain and reduce opioid use. Select a combination of scheduled around the clock non-opioid analgesic medications and use opioid only for moderate to severe breakthrough pain (pain score 4-10)

[ ] 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 from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	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 patients with cirrhosis or severe hepatic dysfunction **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	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 mg **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	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 mg - for patients with cirrhosis or severe hepatic dysfunction **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all 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	650 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op Use if patient cannot swallow tablet.

( ) acetaminophen (OFIRMEV) IV (RESTRICTED) - for patients that cannot tolerate oral/enteral/rectal	1,000 mg, intravenous, Administer over: 15 Minutes, every 8 hours, For 3 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?

[ ] 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 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 (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 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 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 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
( ) 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 (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)

( ) celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, PACU & Post-op Do not administer to patients with CrCl<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 tolerate gabapentin (NEURONTIN)
Contact physician if somnolence or drowsiness persists; Need renal dose adjustment; Do not administer if CrCl < 15 mL/min; Give with caution to patients 65 years of age and older

( ) pregabalin (LYRICA) (Single Response)

( ) For patients GREATER than 65 years old (Single Response)

( ) 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 Response)

( ) 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

( ) gabapentin (NEURONTIN) (Single Response)

( ) For patients GREATER than 65 years old (Single 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 Response)

( ) 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

[ ] Muscle Relaxant (Single Response)

( ) Patients GREATER THAN or EQUAL to 65 years old

[ ] 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 oral (For patients GREATER than or EQUAL to 65 years old)	
[ ] 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 & 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)

[ ] 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)	
( ) traMADoL (ULTRAM) tablet - patients with cirrhosis	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)

[ ] oxyCODone (ROXICODONE) IR - patients LESS than 65 years old	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU & Post-op Allowance for Patient Preference:
[ ] oxyCODONE (ROXICODONE) IR - patients 65 years old and greater	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 IF unable to tolerate oral intake

ERAS Postop Diet/Nutrition and Multimodal 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

[ ] 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
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( ) ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

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[ ] Encourage sips of IMPACT as tolerated	Routine, Until discontinued, Starting S 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-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
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[ ] 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 from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
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Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
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( ) 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 mg **"Or" Linked Panel**

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( ) Acetaminophen oral, per tube or rectal 650 mg - for patients with cirrhosis or severe hepatic dysfunction **"Or" Linked Panel**

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( ) acetaminophen (OFIRMEV) IV (RESTRICTED) - for patients that cannot tolerate oral/enteral/rectal	1,000 mg, intravenous, Administer over: 15 Minutes, every 8 hours, For 3 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?

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( ) 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 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 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
( ) 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 (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)

( ) celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, PACU & Post-op Do not administer to patients with CrCl<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 tolerate gabapentin (NEURONTIN)
Contact physician if somnolence or drowsiness persists; Need renal dose adjustment; Do not administer if CrCl < 15 mL/min; Give with caution to patients 65 years of age and older

( ) pregabalin (LYRICA) (Single Response)

( ) For patients GREATER than 65 years old (Single Response)

( ) 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 Response)

( ) 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

( ) gabapentin (NEURONTIN) (Single Response)

( ) For patients GREATER than 65 years old (Single 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 Response)

( ) 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

[ ] Muscle Relaxant (Single Response)

( ) Patients GREATER THAN or EQUAL to 65 years old

[ ] 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 oral (For patients GREATER than or EQUAL to 65 years old)

[ ] 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 & 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)

[ ] 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)

( ) traMADoL (ULTRAM) tablet - patients with cirrhosis	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)

[ ] oxyCODone (ROXICODONE) IR - patients LESS than 65 years old	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU & Post-op Allowance for Patient Preference:
[ ] oxyCODONE (ROXICODONE) IR - patients 65 years old and greater	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 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 supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
( ) Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
( ) Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
( ) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

Admission (Single Response)
Patient has active status order on file

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

Transfer (Single Response)
Patient has active inpatient status order on file

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

Code Status
@CERMSG(674511:)@

[X] Code Status (Single Response)

DNR and Modified Code orders should be placed by the responsible physician.

( ) Full code	Code Status decision reached by: Post-op
( ) DNR (Do Not Resuscitate) (Selection Required)	
[ ] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Post-op
[ ] Consult to Palliative Care Service	
[ ] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[ ] Consult to Social Work	Reason for Consult: Post-op
( ) Modified Code	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: Post-op
[ ] Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op

Isolation

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

Precautions

[ ] Aspiration precautions	Post-op
[ ] Fall precautions	Increased observation level needed: Post-op
[ ] Latex precautions	Post-op
[ ] Seizure precautions	Increased observation level needed: Post-op

Nursing

Vital Signs

[X] Vital signs - T/P/R/BP	Routine, Per unit protocol, Post-op

Activity

[X] Ambulate with assistance	Routine, 3 times daily Specify: with assistance Post-op

Nursing Care

[ ] 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 check the prescription monitoring program (PMP) database to assess patient's opioid tolerance status. A summarized version of the PMP report may be accessed by clicking on the NaRx Score on the patient's Storyboard. You may access the full version of the Texas PMP here." (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.

[ ] 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 liquid **"Or" Linked Panel**

[ ] 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 liquid **"Or" Linked Panel**

[ ] 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 old (Single Response)

( ) ibuprofen (ADVIL, MOTRIN) tablet or oral 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 suspension	600 mg, oral, every 6 hours scheduled, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or 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 EQUAL to 65 years old (Single Response)

( ) ibuprofen (ADVIL, MOTRIN) tablet or oral 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 suspension	600 mg, oral, every 6 hours scheduled, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or 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

[X] PRN Pain Medications

[ ] PRN Medications for Mild Pain (Pain Score 1-3): For Patients LESS than 65 years old (Single Response)

Do not order both scheduled and PRN NSAIDs/APAP simultaneously.

( ) acetaminophen (TYLENOL) tablet OR oral suspension OR rectal suppository **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] 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 suspension **"Or" Linked Panel**

[ ] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication.
[ ] ibuprofen (MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet.
( ) naproxen (NAPROSYN) tablet	250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op

( )	celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily PRN, mild pain (score 1-3), Post-op
( )	ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient unable to swallow tablet.

[ ] PRN Medications for Mild Pain (Pain Score 1-3): For Patients GREATER than or EQUAL to 65 years old (Single Response)

Do not order both scheduled and PRN NSAIDs/APAP simultaneously.

( ) acetaminophen (TYLENOL) tablet OR oral suspension **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
[ ]	acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot tolerate oral tablet.

( ) ibuprofen (ADVIL, MOTRIN) tablet or oral suspension **"Or" Linked Panel**

[ ]	ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication.
[ ]	ibuprofen (MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet.

( ) 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, mild pain (score 1-3), 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:
[ ]	acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet. 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:

( )	ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient able to swallow tablet

[ ] PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)

( ) 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 able to swallow tablet. 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:
[ ]	acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet. 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:

( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day 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	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:

[ ] PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than or EQUAL to 65 years old (Single Response)

( ) 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:
[ ] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient cannot swallow tablet. 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:

( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day 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:

[ ] PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old if unable to tolerate Oral Pain Medication. (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be 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 30 mL/min.
WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

( )	For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), Post-op 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 Score 4-6): For Patients GREATER than or EQUAL to 65 years old if unable to tolerate Oral Pain Medication. (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be 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 unrelieved 60 minutes after giving oral pain medications

[ ] PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

( ) HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	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 Score 7-10): For Patients GREATER than or EQUAL to 65 years old (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be 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 7.5/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] 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 (NORCO) tablet OR elixir **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] 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:

[ ] PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old if unable to tolerate Oral Pain Medication. (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be 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	4 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	0.5 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.

[ ] PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than or EQUAL to 65 years old if unable to tolerate Oral Pain Medication. (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be 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.

Respiratory Depression and Somnolence

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

VTE

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

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

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

[ ] Place sequential compression device (Single Response)

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

( ) LOW Risk of DVT (Selection Required)

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

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

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

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

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

[ ] Moderate Risk (Selection Required)

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

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

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

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

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

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

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

Patient renal status: @CRCL@

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

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

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

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

[ ] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):

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

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

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

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

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

[ ] Moderate Risk (Selection Required)

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

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

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

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

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

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

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

Patient renal status: @CRCL@

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

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

[ ]	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - 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 CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

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

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

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

[ ] High Risk (Selection Required)

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

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

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

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

Patient renal status: @CRCL@

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

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

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

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

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

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

[ ] High Risk (Selection Required)	
[ ] High risk of VTE	Routine, Once, PACU & Post-op
[ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	

Patient renal status: @CRCL@

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

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

[ ] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - 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 CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

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

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

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

[ ] High Risk (Selection Required)

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

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

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

Patient renal status: @CRCL@

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

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

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

DVT Risk and Prophylaxis Tool (Single Response)

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

( ) LOW Risk of DVT (Selection Required)

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

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

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

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

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

[ ] Moderate Risk (Selection Required)

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

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

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

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

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

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

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

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

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

Patient renal status: @CRCL@

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

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

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

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

[ ] Moderate Risk (Selection Required)

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

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

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

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

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

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

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

Patient renal status: @CRCL@

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

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

[ ] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - 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 CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

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

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

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

[ ] High Risk (Selection Required)

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

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

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

Patient renal status: @CRCL@

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

( )	For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
[ ]	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
( )	For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
[ ]	enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
( )	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( )	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( )	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( )	heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet — oral, daily at 1700, Starting S+1, PACU & Post-op
Indication:

( ) Pharmacy consult to manage warfarin (COUMADIN) — STAT, Until discontinued, Starting S
Indication:

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

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

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

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

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

[ ] High Risk (Selection Required)

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

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

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

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

Patient renal status: @CRCL@

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

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

[ ] enoxaparin (LOVENOX) injection — 30 mg, subcutaneous, daily at 1700, PACU & Post-op
Indication(s):

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - 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 CrCl LESS than 30 mL/min.
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

( ) heparin (porcine) injection — 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op

( )	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( )	heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
( )	warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
( )	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

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

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

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

[ ] High Risk (Selection Required)

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

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

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

( ) Apixaban and Pharmacy Consult (Selection Required)

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

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

Patient renal status: @CRCL@

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

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

[ ]	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
( )	For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
[ ]	enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
( )	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( )	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( )	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( )	heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
( )	Rivaroxaban and Pharmacy Consult (Selection Required)	
[ ]	rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[ ]	Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
( )	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( )	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ]	Mechanical Prophylaxis (Single Response) (Selection Required)	
( )	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( )	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

Labs

Cardiology

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