Bariatric Surgery Post-Op [1804]

Use Diabetes and Hyperglycemia Management Orders when a patient is diabetic and on insulin.

Consider conversion to short acting agents in the immediate Postoperative period, assess for decreasing insulin needs at/after discharge.

Use Adult Hypoglycemia Standing Orders if Glucose Monitoring and intervention is required.

Enhanced Recovery After Surgery (ERAS) Orders

ERAS Postop Diet/Nutrition and Mutimodal Pain Medications

[] ERAS Diet and Nutrition (Single Response)

<u> </u>	
Encourage early return to normal diet (hydration and nourishment);	Start or advance diet based on patient's tolerance and
disease state	

[] 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
II Bur Ellis di	Distriction of the contract of

[] 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:

] 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

Foods to Avoid: PACU & Post-op

() ERAS Diet and Nutrition for Acute patients

[] IMPACT Advanced Recovery	Routine, Daily with meals
[] IIVII AOT Advanced Necovery	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)
[] Concent to reason connect	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
[] / Color taraneous reservery	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
[] Francisco sino of IMPACT on televisted	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
[1] Nursing communication	After extubation, Postop day 0, encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated., PACU & Post-op
[] Nursing communication	After extubation, Postop day 0, encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated., PACU & Post-op Routine, Until discontinued, Starting S
[] Nursing communication	After extubation, Postop day 0, encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated., PACU & Post-op

	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
	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	17,00 01 05.00
	eemptively manage and control postoperative pain and reduce opioid
	clock non-opioid analgesic medications and use opioid only for
moderate to severe breakthrough pain (pain score 4	-10)
[] acetaminophen (TYLENOL) (Single Response)	
, , , , , , , , , , , , , , , , , ,	ed OR select oral or enteral post-op; Do not exceed 4 gms a day/2 gms
() Acetaminophen oral, per tube or rectal	"Or" Linked Panel
· · · · · · · · · · · · · · · · · · ·	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
[] acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
() Acetaminophen oral, per tube or rectal - for patie cirrhosis or severe hepatic dysfunction	
Maximum of 4 grams of acetaminophen per day sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
	Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
() acetaminophen IV followed by oral	4.000
[] acetaminophen (OFIRMEV) IV	1,000 mg, intravenous, Administer over: 15 Minutes, once, For 1 Doses, PACU & Post-op
	Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent
	PO dose when above approved criteria are satisfied:
	IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or
	ICU areas, and for patients that cannot tolerate oral, per tube, or rectal
	routes of administration. Do you attest that this restriction has been met?
[] acetaminophen (TYLENOL) (Single Response)	
() Acetaminophen oral, per tube or rectal 1000 r	ng "Or" Linked Panel
	ay 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 patients with cirrhosis or severe hepatic dys	mg - for "Or" Linked Panel
	day from all sources. (Cirrhosis patients maximum: 2 grams per day from a
[] 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) (S Response)	
Do not give to patients with Stage IV - V CKD or () Ketorolac (TORADOL) IV X 24 hours followed	<u> </u>
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 (MOTI Naprosyn Sodium (ALEVE) oral/enteral doses 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 () Ketorolac (TORADOL) IV X 48 hours followed NSAID	375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op by oral
[] ketorolac (TORADOL) IV (Single Response)	45 mg introvenous every Chause DACIL 9 Dant as
() 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 (MOTR	
Naprosyn Sodium (ALEVE) oral/enteral doses	
Response)	(Omigio
() 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 8 Post-op
() ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU 8 Post-op
() ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+48 Hours, PACU 8 Post-op
() naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op
() Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN	· · · · · · · · · · · · · · · · · · ·
Naprosyn Sodium (ALEVE) oral/enteral doses (S Response)	
() celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, PACU & Post-op
() tologonia (cologitary 200 mg	Do not administer to patients with CrCl<30
() ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, PACU & Post-op
() ibuprofen (ADVIL) 400 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 to Contact physician if somnolence or drowsiness pomL/min; Give with caution to patients 65 years of	ersists; Need renal dose adjustment; Do not administer if CrCl < 15 age and older
Contact physician if somnolence or drowsiness pe	age and older
Contact physician if somnolence or drowsiness pomL/min; Give with caution to patients 65 years of () pregabalin (LYRICA) (Single Response) () For patients GREATER than 65 years old (Single Response)	age and older
Contact physician if somnolence or drowsiness pomL/min; Give with caution to patients 65 years of () pregabalin (LYRICA) (Single Response) () For patients GREATER than 65 years old (Single Response)	gle 25 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not
Contact physician if somnolence or drowsiness pomL/min; Give with caution to patients 65 years of () pregabalin (LYRICA) (Single Response) () For patients GREATER than 65 years old (Sing Response) () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min)	gle 25 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Contact physician if somnolence or drowsiness pomL/min; Give with caution to patients 65 years of () pregabalin (LYRICA) (Single Response) () For patients GREATER than 65 years old (Sing Response) () pregabalin (LYRICA) capsule 25 mg (CrCl	gle 25 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min 25 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not
Contact physician if somnolence or drowsiness pomL/min; Give with caution to patients 65 years of () pregabalin (LYRICA) (Single Response) () For patients GREATER than 65 years old (Sing Response) () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min)	gle 25 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 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
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Contact physician if somnolence or drowsiness pomL/min; Give with caution to patients 65 years of () pregabalin (LYRICA) (Single Response) () For patients GREATER than 65 years old (Sing Response) () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min)	gle 25 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 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 25 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min esponse)
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Contact physician if somnolence or drowsiness pomL/min; Give with caution to patients 65 years of () pregabalin (LYRICA) (Single Response) () For patients GREATER than 65 years old (Sing Response) () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min) () For patients LESS than 65 years old (Single Ref) pregabalin (LYRICA) capsule 50 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min)	gle 25 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 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 25 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min esponse) 50 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 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
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Contact physician if somnolence or drowsiness pomL/min; Give with caution to patients 65 years of mL/min; Give with caution to patients 65 years of mL/min; Give with caution to patients 65 years of mL/min; Give with caution to patients 65 years of mL/min; Give with capture 25 mg (CrCl Response) () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 50 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min) () pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)	gle 25 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 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 25 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min esponse) 50 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 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 50 mg, oral, at bedtime, PACU & Post-op
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Contact physician if somnolence or drowsiness pomL/min; Give with caution to patients 65 years of mL/min; Give with caution to patients 65 years of mL/min; Give with caution to patients 65 years of mL/min; Give with caution to patients 65 years of mL/min () For patients GREATER than 65 years old (Single Response) () pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) () pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min) () For patients LESS than 65 years old (Single Response) () pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min) () pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min) () pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min) () gabapentin (NEURONTIN) (Single Response) () For patients GREATER than 65 years old (Single Response)	gle 25 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 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 25 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min esponse) 50 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 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 50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Contact physician if somnolence or drowsiness pre mL/min; Give with caution to patients 65 years of mL/min; Give with caution to patients 65 years of mL/min; Give with caution to patients 65 years of mL/min; Give with caution to patients 65 years of mL/min (1) pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) (1) pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) (2) pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min) (3) For patients LESS than 65 years old (Single Reference of the most of the mL/min) (4) pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min) (5) gabapentin (NEURONTIN) (Single Response) (6) gabapentin (NEURONTIN) capsule 100 mg	gle 25 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 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 25 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min esponse) 50 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 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 50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 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) 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 Re	esponse)
() gabapentin (NEURONTIN) capsule 300 mg	300 mg, oral, 3 times daily, PACU & Post-op
(CrCl greater than or equal to 60 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
() gabapentin (NEURONTIN) capsule 300 mg (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 year	
· ·	
[] 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 patients GREATER than or EQUAL to 65 years	
[] 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	
	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
[1] Fancassan karal (London London Lo	Allowance for Patient Preference:
[] For severe breakthrough pain (pain score 7-10)	40
[] 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:
[] avvCODONE (POYICODONE) ID potionto	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU &
[] oxyCODONE (ROXICODONE) IR - patients 65 years old and greater	Post-op
[] troMADal (III TDAM) tablet	Allowance for Patient Preference:
[] traMADol (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU & Post-op
[] hydromorPHONE (DILAUDID) injection	Allowance for Patient Preference: 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

[] 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 Diet and Nutrition (Single Response)	1 Λου α τ σει σρ
, , , ,	and nourishment); Start or advance diet based on patient's tolerance and
() 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
[] Diot i all Eliquido	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 Multimodal Pain Medications	
use. Select a combination of scheduled around th	preemptively manage and control postoperative pain and reduce opioid e clock non-opioid analgesic medications and use opioid only for
moderate to severe breakthrough pain (pain score	e 4-10)
[] acetaminophen (TYLENOL) (Single Response)	
Select IV then switch to oral or enteral as sched for cirrhotic patients.	duled OR select oral or enteral post-op; Do not exceed 4 gms a day/2 gms
() Acetaminophen oral, per tube or rectal	"Or" Linked Panel
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op

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

[] 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 (MOT Naprosyn Sodium (ALEVE) oral/enteral dose Response) 	·
() celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op Do not administer to patients with CrCl<30
() ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op
() ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU Post-op
() ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU Post-op
() naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op
Ketorolac (TORADOL) IV X 48 hours followed NSAID	by oral
[] ketorolac (TORADOL) IV (Single Response)	
() ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
() ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID
() ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
() ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID.
 Celecoxib (CELEBREX) OR Ibuprofen (MOT Naprosyn Sodium (ALEVE) oral/enteral dose 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 (MOTF Naprosyn Sodium (ALEVE) oral/enteral doses 	
Response)	000 1.0 (' 1." DAOU 0.D
() 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	

⁽⁾ pregabalin (LYRICA) (Single Response)

()	Response) pregabalin (LYRICA) capsule 25 mg (CrCl	25 mg, oral, 3 times daily, PACU & Post-op
	greater than or equal to 60 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
	pregabalin (LYRICA) capsule 25 mg (CrCl	25 mg, oral, 2 times daily, PACU & Post-op
	30-59 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	pregabalin (LYRICA) capsule 25 mg (CrCl	25 mg, oral, at bedtime, PACU & Post-op
	15-29 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	For patients LESS than 65 years old (Single Res	
()	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
) g:	abapentin (NEURONTIN) (Single Response)	
() I	For patients GREATER than 65 years old (Singl Response)	e
	gabapentin (NEURONTIN) capsule 100 mg	100 mg, oral, 3 times daily, PACU & Post-op
_	(CrCl greater than or equal to 60 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	gabapentin (NEURONTIN) capsule 100 mg	100 mg, oral, 2 times daily, PACU & Post-op
_	(CrCl 30-59 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	gabapentin (NEURONTIN) capsule 100 mg (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 Res	
()	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	300 mg, oral, at bedtime, PACU & Post-op
	(CrCl 15-29 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
	scle Relaxant (Single Response)	
	atients 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
[1]		5 mg, oral, every 12 hours scheduled, PACU & Post-op
	atients LESS THAN 65 years old	
) P		(For
) P: [] ı	methocarbamol (ROBAXIN) IV followed by oral (·
) P: [] ı	methocarbamol (ROBAXIN) IV followed by oral (patients GREATER than or EQUAL to 65 years methocarbamol (ROBAXIN) IVPB	old) 500 mg, intravenous, Administer over: 60 Minutes, every 8 hours
) P: ! []	patients GREATER than or EQUAL to 65 years	old)

[] 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	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate
release tablet	pain (Non verbal CPOT or pain score score 4-6), PACU & Post-op
	Allowance for Patient Preference:
[] traMADoL (ULTRAM) (Single Response)	
() traMADoL (ULTRAM) tablet - patients with	50 mg, oral, every 12 hours PRN, moderate pain (score 4-6), PACU &
cirrhosis	Post-op
	Allowance for Patient Preference:
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op
	Allowance for Patient Preference:
[] For severe breakthrough pain (pain score 7-10)
[] oxyCODone (ROXICODONE) IR - patients	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU &
LESS than 65 years old	Post-op
•	Allowance for Patient Preference:
[] oxyCODONE (ROXICODONE) IR - patients	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU &
65 years old and greater	Post-op
	Allowance for Patient Preference:
[] traMADol (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU &
,	Post-op
	Allowance for Patient Preference:
[] hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10),
• • • • • • • • • • • • • • • • • • • •	PACU & Post-op
	IF unable to tolerate oral intake

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J	en	U	a	

] 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

Common Present on Admission Diagnosis

[] Sepsis	Post-op
Septic Shock	Post-op
[] Septicemia	Post-op
[] Type II or Unspecified Type Diabetes Mellitus with	Post-op
Mention of Complication, Not Stated as Uncontrolled	
[] Urinary Tract Infection, Site Not Specified	Post-op
Elective Outpatient, Observation, or Admission (Single	
() Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments: PACU & Post-op
() Outpatient in a bed - extended recovery	Admitting Physician:
() Sulpation in a sea solution received	Bed request comments:
	PACU & Post-op
() Admit to Inpatient	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital services for two or more midnights.
	PACU & Post-op
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.
() Outpotion character consists we derived	PACU & Post-op
 Outpatient observation services under general supervision 	Admitting Physician: Patient Condition:
ουρ <u>στνιοιστι</u>	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	Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT
() Return to previous bed 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:
() Transfer patient	Bed request comments:
	Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Transfer (Single Bechance)	
Transfer (Single Response) Patient has active inpatient status order on file	
Fallent has active inpallent 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
On do Otatua	
Code Status	
@CERMSG(674511:)@	
[X] Code Status (Single Response)	
DNR and Modified Code orders should be placed	by the responsible physician.
1 (2) = 11	
() Full code	Code Status decision reached by:
() DND (D N + D - ' +) (O 1 + i' - D - ' +)	Post-op
() DNR (Do Not Resuscitate) (Selection Required	<u>'</u>
[] 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?
[] Consult to Palliative Care Service	Post-op
• •	Driority (
[] 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:
[1 Consult to Social Work	Post-op
() Modified Code	Did the patient/surrogate require the use of an interpreter?
() Modified Godo	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	s NOT I understand that if the patient is NOT in a cardiopulmonary
in a cardiopulmonary arrest))	arrest, the selected treatments will NOT be provided. I
	understand that all other unselected medically indicated
	treatments will be provided.
	Treatment Restriction decision reached by:
	Specify Treatment Restrictions:
	Post-op
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details

 Mycobacterium tuberculosis by PCR - suspect Tuberculosis, please order th 	
for rapid diagnostics.	no teot
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, Every hour
	Every 1 hour x 4 then every 4 hours x 6 then per floor
	protocol., Post-op
[] Vital signs - T/P/R/BP	Routine, Per unit protocol, Post-op
[] Pulse oximetry	Routine, Continuous
	Current FIO2 or Room Air:
	Post-op
Activity	
] HOB 30 degrees	Routine, Until discontinued, Starting S
	Head of bed: 30 degrees
	If not contraindicated, Post-op
X] Out of bed	Routine, Once For 1 Occurrences
	Specify: Out of bed
	Once within two hours after arrival to floor. , Post-op
[X] Ambulate with assistance	Routine, Every 2 hours
	Specify: with assistance
	Ambulate patient 4 x per shift , Post-op
[] Patient may shower	Routine, Daily
	Specify: Additional modifier:
	PostOp Day ***, Per surgeons instructions , Post-op
	rostop day , rei surgeons instructions , rost-op
Nursing	
X] Intake and output	Routine, Now then every 8 hours Notify M.D if urine less than 240 ml over 8 hours, Post-op
[] Intake and output	Routine, Every 4 hours, Starting S with First Occurrence
	Include Now For 24 Hours Notify M.D if urine less than 240 ml over 8 hours., Post-op
] Insert and maintain Foley	romy milb if diffic 1000 than 240 fill over 0 flours., I ost-up
[] Insert Foley catheter	Routine, Once
y	Type:
	Size:
	Urinometer needed: Post-op
[] Foley Catheter Care	Routine, Until discontinued, Starting S
-	Orders: Maintain
	Post-op
Remove Foley catheter	Routine, Once, Starting S+1
	If present, discontinue Foley PostOp Day 1 unless
	contraindicated , Post-op
] Saline lock IV	Routine, Continuous, Starting S+1
	Post-Op Day 1

[X] Medication Administration Instructions	Routine, Once For 1 Occurrences DO NOT administer Extended-release medications., Post-op
[X] Medication Administration Instructions for Non-Extended Release Medications	Routine, Once For 1 Occurrences CRUSH all tablets, OPEN all capsules, mix with food and swallow whole. DO NOT CHEW., Post-op
Wound/Incision Care	
[] Drain care	Routine, Every 4 hours Drain 1: Jackson Pratt Specify location: Drainage/Suction: Strip tubing Flush drain with: Drain 2: Drain 3: Drain 4: All Drains: and PRN, Post-op
[] Surgical/incision site care	Routine, As needed Location: Site: Apply: Dressing Type: Open to air? Post-op
[] Provide equipment / supplies at bedside	Routine, Once Supplies: Suture removal kit Post-op
Notify	
[X] Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 101 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 100 Diastolic BP greater than: 100 Diastolic BP less than: 50 MAP less than: Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 25 Respiratory rate less than: 10 SpO2 less than: 92
[X] Notify Physician of urine output	Routine, Until discontinued, Starting S, If urine less than 240 milliliters/8 hours, Post-op
[X] Notify Physician upon admission	Routine, Until discontinued, Starting S, For patient's arrival and room number, Post-op
[X] Consult to Nutrition Services	Reason For Consult? Diet Education Purpose/Topic: Dietician MUST provide bariatric education prior to discharge. Post-op
Diet	
[] NPO until after GI results	Diet effective now, Starting S NPO: Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op

[] NPO for 2 hours post-op	Diet effective now, Starting S For 2 Hours
	NPO:
	Pre-Operative fasting options:
	Until 2 hours post-op, and then advance to Goal Diet: Bariatric
	Clear Liquids, An NPO order without explicit exceptions
	means nothing can be given orally to the patient., Post-op
[] Diet - Bariatric Clear Liquid	Diet effective now, Starting S
[1] Dist. Danamis Gloss. Enquis	Diet(s): Bariatric
	Bariatric: Bariatric Clear Liquid
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid: Carbonated Beverages
	NO SUGAR. Bariatric protocol *** ounces per hour, *** hours
	after surgery., Post-op
[] Diet - Bariatric Full Liquids	Diet effective now, Starting S
	Diet(s): Bariatric
	Bariatric: Bariatric Full Liquid
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid: Carbonated Beverages
	NO SUGAR. Bariatric protocol *** ounces per hour, *** hours
	after surgery., Post-op
Dia4	
Diet	
NPO until after GI results	Diet effective now, Starting S
• •	
	NPO:
	Pre-Operative fasting options:
	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon,
	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon, An NPO order without explicit exceptions means nothing can
[1] NIPO for 2 hours post on	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon, An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op
NPO for 2 hours post-op	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours
NPO for 2 hours post-op	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO:
NPO for 2 hours post-op	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options:
NPO for 2 hours post-op	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric
NPO for 2 hours post-op	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids , An NPO order without explicit exceptions
NPO for 2 hours post-op	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon, An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids, An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op
NPO for 2 hours post-op	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids , An NPO order without explicit exceptions
	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon, An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids, An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S
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	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon, An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids, An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Clear Liquid
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	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon, An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids, An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Clear Liquid Other Options: Advance Diet as Tolerated?
	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Clear Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency:
	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Clear Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction:
	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Clear Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Carbonated Beverages
	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Clear Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Carbonated Beverages NO SUGAR. Bariatric protocol *** ounces per hour, *** hours
Diet - Bariatric Clear Liquid	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Clear Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Carbonated Beverages NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery., Post-op
	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Clear Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Carbonated Beverages NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery., Post-op Diet effective now, Starting S
Diet - Bariatric Clear Liquid	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Clear Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Carbonated Beverages NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery., Post-op Diet effective now, Starting S Diet(s): Bariatric
Diet - Bariatric Clear Liquid	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Clear Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Carbonated Beverages NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery., Post-op Diet effective now, Starting S
Diet - Bariatric Clear Liquid	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Clear Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Carbonated Beverages NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery., Post-op Diet effective now, Starting S Diet(s): Bariatric
Diet - Bariatric Clear Liquid	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Clear Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Carbonated Beverages NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Full Liquid
Diet - Bariatric Clear Liquid	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Clear Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Carbonated Beverages NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Full Liquid Other Options: Advance Diet as Tolerated?
Diet - Bariatric Clear Liquid	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Clear Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Carbonated Beverages NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Full Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency:
Diet - Bariatric Clear Liquid	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Clear Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Carbonated Beverages NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Full Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction:
Diet - Bariatric Clear Liquid	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Clear Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Carbonated Beverages NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Full Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Carbonated Beverages
Diet - Bariatric Clear Liquid	Pre-Operative fasting options: NPO until after upper GI results communicated to Surgeon , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S For 2 Hours NPO: Pre-Operative fasting options: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids , An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Clear Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Carbonated Beverages NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery., Post-op Diet effective now, Starting S Diet(s): Bariatric Bariatric: Bariatric Full Liquid Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction:

[] Diet - Bariatric Diet	Diet effective now, Starting S Diet(s): Bariatric
	Bariatric:
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid: Additional instructions ***, Post-op
	Additional instructions , rost-op
Education	
[X] Patient education- Discharge & Post-Op Diet	Routine, Once
	Patient/Family: Both
	Education for: Discharge,Other (specify)
	Specify: Review post op diet and discharge instructions with patient/family and provide copy to patient and family.
	Post-op
	, sat op
IV Fluids	
Maintenance IV Fluids (Single Response)	
() sodium chloride 0.9 % infusion	intravenous, continuous, Post-op
() lactated Ringer's infusion	intravenous, continuous, Post-op
() dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Post-op
() sodium chloride 0.45 % infusion	intravenous, continuous, Post-op
() sodium chloride 0.45 % with potassium chloride 20	intravenous, continuous, Post-op
mEq/L infusion	
() sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	intravenous, continuous, Post-op
Pharmacy Consults	
Consult	
	OTAT Hatil discontinued Otartian C. Pariatria Patient
[X] Pharmacy consult to monitor and educate for bariaric surgery patient NEW admission	STAT, Until discontinued, Starting S, Bariatric Patient education is to be provided for NEW Admission patients.
Medications	
Medications	
Restricted Medications	
[X] No NSAIDs EXcluding aspirin, celecoxib and IV	STAT, Until discontinued, Starting S
ketorolac	Reason for "No" order:
	Post-op
Dain Madiantiana (Circula Dagmana)	
Pain Medications (Single Response) Check Prescription Drug Monitoring Program.	
Prior to initiation of opioid therapy, it is recommended to che	eck the prescription monitoring program (PMP) database to
assess patient's opioid tolerance status. A summarized vers	
NaRx Score on the patient's Storyboard. You may access the	
(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.

() Scheduled Pain Medications (Single Response)

An alternative opioid should be utilized, if possible.

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 li	•
[] 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 li	
[] 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 Response)	(Single
() ibuprofen (ADVIL, MOTRIN) tablet or oral sus	spension "Or" Linked Panel
[] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours scheduled, Post-op
[] isoproion (NEVIE, Me Trany topic	Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
[] ibuprofen (MOTRIN) 100 mg/5 mL	600 mg, oral, every 6 hours scheduled, Post-op
suspension	Not recommended for patients with eGFR LESS than 30 mL/min or 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
() Notorolae (1017/1202) Injection	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 EQU	
years old (Single Response)	Washing Hould be and Daniel
() ibuprofen (ADVIL, MOTRIN) tablet or oral sus	·
[] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours scheduled, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
[] ibuprofen (MOTRIN) 100 mg/5 mL	600 mg, oral, every 6 hours scheduled, Post-op
suspension	Not recommended for patients with eGFR LESS than 30 mL/min or
·	acute kidney injury. Use if patient cannot swallow tablet.
() naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily, Post-op
() haploton (i.v.ii Nee iii) tablet	Not recommended for patients with eGFR LESS than 30 mL/min or
() colonovih (ColoDDEV) conquis	acute kidney injury. 100 mg, oral, 2 times daily, Post-op
() celecoxib (CeleBREX) capsule	For age GREATER than or EQUAL to 65 yo and patients LESS than
	50kg. Not recommended for patients with eGFR LESS than 30 mL/min
	or acute kidney injury.
() ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours scheduled, Post-op
PRN Pain Medications	To mig, milatorious, or or y o mount companies, it con op
[] PRN Medications for Mild Pain (Pain Score 1-3 Patients LESS than 65 years old (Single Response)	
Do not order both scheduled and PRN NSAIDs	· · · · · · · · · · · · · · · · · · ·
() acetaminophen (TYLENOL) tablet OR oral su OR rectal suppository	spension "Or" Linked Panel
	lay from all sources. (Cirrhosis patients maximum: 2 grams per day from al
[] 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
acetaminophen (TYLENOL) suppository ibuprofen (ADVIL, MOTRIN) tablet or oral sus	Use if patient cannot tolerate oral tablet OR oral solution.

[] 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
() Notorolde (1010/1802) Injocitori	Give if patient unable to swallow tablet.
[] PRN Medications for Mild Pain (Pain Score 1-3)	
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 sus	
Maximum of 4 grams of acetaminophen per da sources)	ly from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] 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 susp	
[] 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	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
suspension	Use if patient cannot swallow tablet.
() acetaminophen-codeine (TYLENOL #3) tablet	
[] acetaminophen-codeine (TYLENOL WITH	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
CODEINE #3) 300-30 mg per tablet	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, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
/12.5 mL solution	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
() Notorolao (1011/1202) Injection	Give if patient able to swallow tablet
[] PRN Oral Medications for Moderate Pain (Pain S	Score
4-6): For Patients LESS than 65 years old (Sing	le
Response)	OD all the Hould to Library
() acetaminophen-codeine (TYLENOL #3) tablet	
[] 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.
CODEINE #3) 300-30 mg per 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, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
/12.5 mL solution	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:
() HYDROcodone-acetaminophen 5/325 (NORCO	Allowance for Patient Preference: O) tablet "Or" Linked Panel
OR elixir	J LITINGU FAIIGI
	y from all sources. (Cirrhosis patients maximum: 2 grams per day from all

[] 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 4-6): For Patients GREATER than or EQUAL to old (Single Response)	o 65 years
() acetaminophen-codeine (TYLENOL #3) table	
[] 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:
() HYDROcodone-acetaminophen 5/325 (NORC	Allowance for Patient Preference: CO) tablet "Or" Linked Panel
OR elixir	
Maximum of 4 grams of acetaminophen per d sources)	lay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] 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 S For Patients LESS than 65 years old if unable t Oral Pain Medication. (Single Response)	Score 4-6):
Due to risk of toxicity, the use of morphine proc recommended. An alternative opioid should be	ducts in patients with renal dysfunction, particularly in ESRD, is not utilized.
() 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)	amonovod do minatod antor giving drai pain modicatione
Do NOT use in patients with eGFR LESS than	n 30 mL/min. ent of perioperative pain OR in the setting of coronary artery bypass graft
() 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 S For Patients GREATER than or EQUAL to 65 y unable to tolerate Oral Pain Medication. (Single Response) 	rears old if
	ducts in patients with renal dysfunction, particularly in ESRD, is not utilized. (adjust dose for renal/liver function and age)
() morPHINE injection	1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	Allowance for Patient Preference: 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 Section 7-10): For Patients LESS than 65 years old (Sin Response) Due to risk of toxicity, the use of morphine procrecommended. An alternative opioid should be	ducts in patients with renal dysfunction, particularly in ESRD, is not
() HYDROcodone-acetaminophen 10/325 (NOR OR elixir	CO) tablet "Or" Linked Panel
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. Allowance for Patient Preference:
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet. Allowance for Patient Preference:
() 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 Section 7-10): For Patients GREATER than or EQUAL years old (Single Response) 	
	ducts in patients with renal dysfunction, particularly in ESRD, is not utilized.
() oxyCODONE (ROXICODONE) immediate	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op

() 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 (NOF OR elixir	
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. Allowance for Patient Preference:
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet. Allowance for Patient Preference:
() HYDROcodone-acetaminophen 10/325 (NOR OR elixir	CO) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per d sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet. Allowance for Patient Preference:
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet. Allowance for Patient Preference:
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
PRN IV Medications for Severe Pain (Pain Sco For Patients LESS than 65 years old if unable to Oral Pain Medication. (Single Response)	
	lucts in patients with renal dysfunction, particularly in ESRD, is not utilized.
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
() morPHINE injection	Allowance for Patient Preference: 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 Sco For Patients GREATER than or EQUAL to 65 y unable to tolerate Oral Pain Medication. (Single Response)	re 7-10): vears old if
Due to risk of toxicity, the use of morphine procrecommended. An alternative opioid should be	lucts in patients with renal dysfunction, particularly in ESRD, is not utilized.
() fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. Allowance for Patient Preference:

() morPHINE injection	2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10),
() Mon Find injection	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.
Muscle Relaxers (Single Response) (adjust dose for renal/liver function and age)	
() methocarbamol (ROBAXIN) tablet	500 mg, oral, every 6 hours PRN, muscle spasms, Post-op
() cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, 3 times daily PRN, muscle spasms, Post-op
() tiZANidine (ZANAFLEX) tablet	2 mg, oral, every 8 hours PRN, muscle spasms, Post-op
Antiemetics - HMH, HMSL Only	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Rec	
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IV or Oral	"Or" Linked Panel
[X] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
Antiemetics - NOT HMSL, HMSTJ, HMH	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Red	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IV or Oral or Recta	
[X] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiemetics - HMSTJ Only	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Re-	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IVPB or Oral or Re	

oral medication. [X] promethazine (PHENERGAN) suppository X		
X promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. 12.5 mg, retal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is unable to tolerate oral medication. 12.5 mg, retal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. 12.5 mg, retal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. 12.5 mg, retal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is unable to tolerate oral medication. 12.5 mg, oral, 2 times daily, Post-op May crush and give per nasogastric tube if needed. Give the tablet if the patient can tolerate oral medication. 20 mg, intravenous, 2 times daily, Post-op Use injection if patient cannot tolerate oral medication or requires a faste onset of action. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: 40 mg, oral, daily at 0600, Post-op Use injection if patient cannot tolerate oral medication. Indication(s) for Proton Pump Inhibitor (PPI) Therapy: 40 mg, intravenous, daily at 0600, Post-op Use injection if patient cannot tolerate oral medication or requires a faste oral medication or requires a faste oral medication or requires a faste oral dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy: 40 mg, intravenous, daily at 0600, Post-op Use injection if patient cannot tolerate oral medication or requires a faste oral medicatio		nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. GI Medications (Single Response) () famotidine (PEPCID) oral or IV [] famotidine (PEPCID) ablet [] famotidine (PEPCID) injection [] pantoprazole (PROTONIX) Oral or IV [] pantoprazole (PROTONIX) Oral or IV [] pantoprazole (PROTONIX) EC tablet [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] famotidine (PEPCID) injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection inj	[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate
(1) famotidine (PEPCID) Oral or IV [1] famotidine (PEPCID) tablet [2] famotidine (PEPCID) tablet [3] famotidine (PEPCID) tablet [4] famotidine (PEPCID) tablet [5] famotidine (PEPCID) injection [6] famotidine (PEPCID) injection [7] famotidine (PEPCID) injection [8] famotidine (PEPCID) injection [9] famotidine (PEPCID) injection [9] famotidine (PEPCID) injection [10] famotidine (PEPCID) injection [11] famotidine (PEPCID) injection [12] famotidine (PEPCID) injection [13] famotidine (PEPCID) injection [14] famotidine (PEPCID) injection [15] famotidine (PEPCID) injection [16] famotidine (PEPCID) injection [17] famotidine (PEPCID) injection [18] famotidine (PEPCID) injection [19] pantoprazole (PROTONIX) Oral or IV [10] pantoprazole (PROTONIX) EC tablet [11] famotidine (PEPCID) injection [12] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [13] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [14] famotidine (PEPCID) injection [15] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [16] famotidine (PEPCID) injection [17] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [18] famotidine (PEPCID) injection [19] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [19] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [10] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection injec	[X] promethazine (PHENERGAN) suppository	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
2 0 mg, oral, 2 times daily, Post-op May crush and give per nasogastric tube if needed. Give the tablet if the patient can tolerate oral medication. 20 mg, intravenous, 2 times daily, Post-op Use injection of patient cannot tolerate oral medication or requires a faste onset of action. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: (1) pantoprazole (PROTONIX) Oral or IV (1) pantoprazole (PROTONIX) EC tablet (2) pantoprazole (PROTONIX) 40 mg in sodium Chloride 0.9 % 10 mL injection (3) pantoprazole (PROTONIX) 40 mg in sodium Chloride 0.9 % 10 mL injection (4) give the tablet if the patient can tolerate oral medication. Indication(s) for Proton Pump Inhibitor (PPI) Therapy: (4) diphenhydrAMINE (BENADRYL) tablet (5) diphenhydrAMINE (BENADRYL) tablet (6) diphenhydrAMINE (BENADRYL) tablet (7) diphenhydrAMINE (BENADRYL) tablet (8) diphenhydrAMINE (BENADRYL) tablet (9) detrizine (ZyrTEC) tablet (1) fexofenadine (ALLEGRA) tablet - For eGFR LESS than (8) mL/min, reduce frequency to once daily as needed (1) cetirizine (ZyrTEC) tablet (1) fexofenadine (ALLEGRA) tablet (2) cetirizine (ZyrTEC) tablet (3) find (Single Response) (4) cetirizine (ZyrTEC) tablet (5) mg, oral, daily PRN, itching, Post-op (5) fexofenadine (ALLEGRA) tablet (6) mg, oral, daily PRN, itching, Post-op (7) fexofenadine (ALLEGRA) tablet (8) mg, oral, daily PRN, itching, Post-op (8) find (Single Response) (9) cetirizine (ZyrTEC) tablet (9) find (Single Response) (1) cetirizine (ZyrTEC) tablet (1) find (Single Response) (2) cetirizine (ZyrTEC) tablet (3) find (Single Response) (4) cetirizine (ZyrTEC) tablet (5) mg, oral, daily PRN, itching, Post-op (6) msomnia: For Patients GREATER than or EQUAL to 70 years old (Single Response) (7) cetirizine (RoZEREM) tablet (8) mg, oral, nightly PRN, sleep, Post-op (8) mg, oral, nightly PRN, sleep, Post-op (9) ramelteon (ROZEREM) tablet (1) smg, oral, nightly PRN, sleep, Post-op (1) ramelteon (ROZEREM) tablet (1) smg, oral, nightly PRN, sleep, P	GI Medications (Single Response)	
May crush and give per nasogastric tube if needed. Give the tablet if the patient can tolerate or all medication. [] famotidine (PEPCID) injection [] famotidine (PEPCID) injection [] famotidine (PEPCID) injection [] famotidine (PEPCID) injection [] gantoprazole (PROTONIX) Oral or IV [] pantoprazole (PROTONIX) Oral or IV [] pantoprazole (PROTONIX) EC tablet [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection [] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	() famotidine (PEPCID) Oral or IV	"Or" Linked Panel
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() cetirizine (ZyrTEC) tablet 5 mg, oral, daily PRN, itching, Post-op Itching: For Patients GREATER than 77 years old (Single Response) () cetirizine (ZyrTEC) tablet 5 mg, oral, daily PRN, itching, Post-op Insomnia: For Patients GREATER than or EQUAL to 70 years old (Single Response) () ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep, Post-op Insomnia: For Patients LESS than 70 years old (Single Response) () zolpidem (AMBIEN) tablet 5 mg, oral, nightly PRN, sleep, Post-op () ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep, Post-op		eded
Itching: For Patients GREATER than 77 years old (Single Response) () cetirizine (ZyrTEC) tablet 5 mg, oral, daily PRN, itching, Post-op Insomnia: For Patients GREATER than or EQUAL to 70 years old (Single Response) () ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep, Post-op Insomnia: For Patients LESS than 70 years old (Single Response) () zolpidem (AMBIEN) tablet 5 mg, oral, nightly PRN, sleep, Post-op () ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep, Post-op	Itching: For Patients between 70-76 years old (Si	ngle Response)
() cetirizine (ZyrTEC) tablet 5 mg, oral, daily PRN, itching, Post-op Insomnia: For Patients GREATER than or EQUAL to 70 years old (Single Response) () ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep, Post-op Insomnia: For Patients LESS than 70 years old (Single Response) () zolpidem (AMBIEN) tablet 5 mg, oral, nightly PRN, sleep, Post-op () ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep, Post-op	() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
Insomnia: For Patients GREATER than or EQUAL to 70 years old (Single Response) () ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep, Post-op Insomnia: For Patients LESS than 70 years old (Single Response) () zolpidem (AMBIEN) tablet 5 mg, oral, nightly PRN, sleep, Post-op () ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep, Post-op	Itching: For Patients GREATER than 77 years old	(Single Response)
() ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep, Post-op Insomnia: For Patients LESS than 70 years old (Single Response) () zolpidem (AMBIEN) tablet 5 mg, oral, nightly PRN, sleep, Post-op () ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep, Post-op	() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
Insomnia: For Patients LESS than 70 years old (Single Response) () zolpidem (AMBIEN) tablet 5 mg, oral, nightly PRN, sleep, Post-op () ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep, Post-op	Insomnia: For Patients GREATER than or EQUAL	to 70 years old (Single Response)
() zolpidem (AMBIEN) tablet 5 mg, oral, nightly PRN, sleep, Post-op () ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep, Post-op VTE	() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
() ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep, Post-op VTE	<u> </u>	Single Response)
VTE		
	() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
		a) (Selection Required)

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

() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op	
() LOW Risk of DVT (Selection Required)		
Low Risk Definition		
Age less than 60 years and NO other VTE risk fa	actors	
[] Low Risk (Single Response) (Selection Requi	red)	
() Low risk of VTE	Routine, Once	
() Low Hold of VIL	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae	
	early ambulation	
	PACU & Post-op	
() MODERATE Risk of DVT - Surgical (Selection R	equired)	
Moderate Risk Definition		
3 , , ,	Mechanical prophylaxis is optional unless pharmacologic is	
contraindicated.		
One or more of the following medical conditions:	imation, dehydration, varicose veins, cancer, sepsis, obesity, previous	
	e, leg swelling, ulcers, venous stasis and nephrotic syndrome	
Age 60 and above	5, log owelling, diocro, verious stasis and hopinotic syndrome	
Central line		
History of DVT or family history of VTE		
Anticipated length of stay GREATER than 48 hours		
Less than fully and independently ambulatory		
Estrogen therapy		
Moderate or major surgery (not for cancer)		
Major surgery within 3 months of admission		
[] Moderate Risk (Selection Required)		
[] Moderate risk of VTE	Routine, Once, PACU & Post-op	
[] Moderate Risk Pharmacological Prophylaxis -		
Patient (Single Response) (Selection Require		
() Contraindications exist for pharmacologic pro	ophylaxis "And" Linked Panel	
BUT order Sequential compression device	Daytina Once	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following	
ριομιγιαλίο	contraindication(s):	
	PACU & Post-op	

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

() enoxaparin (LOVENOX) injection (Single 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

() For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	nL/min -
[] 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) (Sel Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 () Place/Maintain sequential compression device continuous 	Routine, Continuous, PACU & Post-op
) MODERATE Risk of DVT - Non-Surgical (Selection Required)	n
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Moderated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm	echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
[] Moderate Risk (Selection Required)	Routine, Once, PACU & Post-op
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) 	ion
() Contraindications exist for pharmacologic prop	Hylaxis - Aliu Lilikeu Pallei

[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res	PACU & Post-op ponse)
(Selection Required)	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU doses by weight:	JAL to 30mL/min, enoxaparin orders will apply the following recommended
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hour	S
GREATER THAN or EQUAL to 140kg enoxap	parin 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r	· · · · · · · · · · · · · · · · · · ·
enoxaparin (LOVENOX) subcutaneous	ault autono autono DACIL 9 Dant au
[] 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	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs) () HEParin (porcine) injection - For Patients	than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
HIGH Risk of DVT - Surgical (Selection Required))

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 - Surg	ical Patient
(Single Response) (Selection Required)	
) Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
. (10)(5)(0)(1)	PACU & Post-op
) enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily	UAL to 30mL/min, enoxaparin orders will apply the following recommended
100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
	maication(3).
() For CrCl GREATER than or EQUAL TO 30	· ·
() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous	· ·
()	· ·
enoxaparin (LOVENOX) subcutaneous	mL/min - subcutaneous, Starting S+1, PACU & Post-op
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatic Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection	mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended	mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)) heparin (porcine) injection - For Patients	mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatic Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU &
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatic Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatic Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)) heparin (porcine) injection - For Patients	mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1, PACU & Post-op

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Required)

	()	Contraindications exist for mechanical	Routine, Once
		prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
			PACU & Post-op
	()	Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
		device continuous	
()	HIC	GH Risk of DVT - Non-Surgical (Selection Requi	red)

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 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 Res (Selection Required)	sponse)	

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

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

() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection	
	Routine, Once	
Contraindications exist for mechanical prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op	
() HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	1	
Required)		
High Risk Definition		
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C	
Multiple major traumas		
Abdominal or pelvic surgery for CANCER		
Acute ischemic stroke		
History of PE		
1 1101.01 y 01 1 2		
[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once, PACU & Post-op	
[] High Risk Pharmacological Prophylaxis - Hip or	Knee	
(Arthroplasty) Surgical Patient (Single Respons (Selection Required)		
() Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op	
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op	
() Apixaban and Pharmacy Consult (Selection R		
apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op	
	Indications: VTE prophylaxis	
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S	
(ELIQUIS) therapy	Indications: VTE prophylaxis	
() enoxaparin (LOVENOX) injection (Single Respondered)	ponse)	
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	S	
GREATER THAN or EQUAL to 140kg enoxap		
· ·	•	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700		
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):	
() For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous		
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op	
[] Shorapanii (EOVERON) injouton	Indication(s):	

Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCLLESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HTI): () heparin (porcine) injection () heparin (porcine) elipection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 78yrs. 7.500 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU 8 Post-op Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 100 kg. () Rivaroxaban (XARELTO) tablet for hip or Roea arthroplasty planned during this admission () I Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) to reliable to rel			
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () heparin (porcine) injection - 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 () Pharmacy consult to monitor rivaroxaban (XARELTO) thratery () warfarin (COUMADIN) tablet () Parmacy consult to manage warfarin (COUMADIN) () Parmacy consult to manage warfarin prophylaxis (Single Response) () Patchanical Prophylaxis Tool (Single Response) () Place/Maintain sequential compression device continuous DVT Risk and Prophylaxis Tool (Single Response) () Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Single Response) () Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Single Response) () Place sequential compression device (Single Response) () Polace sequential compression device (Single Response) () Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Mo	() fondapari	nux (ARIXTRA) injection	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
for patients with high risk of bleeding, e.g. weight LES than 50kg and age > 75yrs) (1) heparin (porcine) injection - For Patients with weight GREATER than 75yrs. (2) heparin (porcine) injection - For Patients with weight GREATER than 75yrs. (3) Rivaroxaban and Pharmacy Consult (Selection Required) (4) Rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission (5) Pharmacy consult to monitor rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission (6) Pharmacy consult to monitor rivaroxaban (XARELTO) therapy (7) warfarin (COUMADIN) tablet (8) Pharmacy consult to manage warfarin (COUMADIN) (9) Pharmacy consult to manage warfarin (COUMADIN) (1) Mechanical Prophylaxis (Single Response) (Selection Required) (1) Contraindications exist for mechanical prophylaxis (1) Place/Maintain sequential compression device continuous DVT Risk and Prophylaxis Tool (Single Response) (2) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) (3) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) (4) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) (5) Place sequential compression device (Single Response) (6) Place sequential compression device (Single Response) (7) Place sequential compression device (Single Response) (8) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) (8) Place sequential compression device (Single Response) (9) Place sequential compression device (Single Response) (1) Place sequential compression device (Single Response) (1) Place sequential compression device (Single Response) (2) Place sequential compression device (Single Response) (3) Moderate Risk - Patient currently has an active order for therapeutic anticoagulation for other indication. Therapy for the following: P	() heparin (p	porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
with weight GREATER than 100 kg Post-op For patients with weight GREATER than 100 kg. () Rivaroxaban and Pharmacy Consult (Selection Required) (] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission (] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarn () Required) () Palace/Maintain sequential compression device continuous DVT Risk and Prophylaxis Tool (Single Response) () Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification () Required) () Moderate risk of VTE () Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis () Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis () Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis () Patient currently has an active order for therapeutic anticoagulant or VTE () Phare/Maintain sequential compression () Phare/Maintain sequential compression device continuous () Moderat	for patien	ts with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
() Rivaroxaban and Pharmacy Consult (Selection Required) () I rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission () Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet (COUMADIN) tablet (COUMADIN) (·
knee arthroplasty planned during this admission Pharmacy consult to monitor rivaroxaban (XARELTO) therapy STAT, Until discontinued, Starting S Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indication: Starting			<u> </u>
(XARELTO) therapy Indications: VTE prophylaxis () warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1, PACU & Post-op Indication: () Pharmacy consult to manage warfarin (COUMADIN) () Pharmacy consult to manage warfarin (COUMADIN) () Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous DVT Risk and Prophylaxis Tool (Single Response) () Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Moderate Risk of VTE () Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Moderate Risk of VTE () Patient currently has an active order for therapeutic anticoagulant or VTE () Patient currently has an active order for therapeutic anticoagulant or VTE () Post-op () Post-op () Post-op () Post-op () Place Sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device (Single Response) () Place/Maintain sequential compression device order for therapeutic anticoagulant or VTE prophylaxis on the following contraindication(s): PACU & Post-op () Place/Maintain sequential compression device order for therapeutic anticoagulant or VTE prophylaxis (Selection Routine, Once () Place/Maintain sequential compression device order for the prophylaxis or the following contraindication(s): PACU & Post-op () Place/Maintain sequential compression device order for the prophylaxis (Selection Routine, Once) () Moderate Risk - Patient currently has an active order for the prophylaxis (Selection Required) () Moderate Risk - Patient currently has an active order for the prophylaxis (Selection Required)	[] rivaroxal knee art	ban (XARELTO) tablet for hip or hroplasty planned during this	
Indication: STAT, Until discontinued, Starting S (COUMADIN) Indication:			
(COUMADIN) Indication: Mechanical Prophylaxis (Single Response) (Selection Required)			
[] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis with recommendation and evice continuous 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 [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)			
() Contraindications exist for mechanical prophylaxis	[] Mechanica	,	ection
() Place/Maintain sequential compression device continuous POUT 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 [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis	() Contraind		No mechanical VTE prophylaxis due to the following contraindication(s):
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 [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device (Single Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	` '	·	
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 [] Patient currently has an active order for therapeutic anticoagulant or VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE [] Prophylaxis [] Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis [] Place/Maintain sequential compression device (Single Response) () Place/Maintain sequential compression device (Single Response) () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	OVT Risk and Pr	ophylaxis Tool (Single Response)	
() 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 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Patient currently has an active order for therapeutic anticoagulation or 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 () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	anticoagulant	or VTE prophylaxis with Risk Stratific	
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis PACU & Post-op [] Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device (Single Response) () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulant or VTE prophylaxis of the following: No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.	therapeutic		
therapeutic anticoagulant or 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 No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Pace/Maintain sequential compression device continuous Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	. .		_
() Contraindications exist for mechanical prophylaxis	therapeut	ic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
prophylaxis No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)			
device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)) prophyla	axis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
therapeutic anticoagulant or VTE prophylaxis (Selection Required)	device c	ontinuous	<u> </u>
	therapeutic		
· · · · · · · · · · · · · · · · · · ·		risk of VTE	Routine, Once, PACU & Post-op

[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	· · · · · · · · · · · · · · · · · · ·
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) 	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	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 therapeutic anticoagulant or VTE prophylaxis (Required) 	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	•
() 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 face	ctors
[] Low Risk (Single Response) (Selection Requir	·
() 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 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 - Su Patient (Single Response) (Selection Required)	rgical		
() Contraindications exist for pharmacologic proph BUT order Sequential compression device	ylaxis "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 proph AND mechanical prophylaxis	ylaxis "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 Respo (Selection Required)	nse)		
Patient renal status: @CRCL@			
For patients with CrCl GREATER than or EQUA 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 enoxapar	L to 30mL/min, enoxaparin orders will apply the following recommended in 40mg every 12 hours		
() For CrCl LESS than 30mL/min - enoxaparin (L	OVENOX)		
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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g.	Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU &
with weight GREATER than 100 kg	Post-op
	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	lection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
 () Place/Maintain sequential compression device continuous 	Routine, Continuous, PACU & Post-op
() MODERATE Risk of DVT - Non-Surgical (Selection	on
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 of VTE	Routine, Once, PACU & Post-op
Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)	tion
Contraindications exist for pharmacologic prop Order Sequential compression device	ohylaxis - "And" Linked Panel
] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

() For CrCl LESS than 30mL/min - enoxaparin ((LOVENOX)
subcutaneous Daily at 1700	,2012.107.1
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or 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	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, 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) (Sel Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

11 Lligh Diak (Calastian Decrined)	
[] High Risk (Selection Required)	Pouting Once DACIL® Post on
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg	Routine, Once, PACU & Post-op
High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	icai Patient
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
propriyidatio	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	•
(Selection Required)	
Patient renal status: @CRCL@	
For notice to with Orol ODE ATED there are FO	IIAI ta 20-al /air anns an air andar will am hata fallawin a sa canan dad
	UAL to 30mL/min, enoxaparin orders will apply the following recommended
doses by weight:	
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	uro.
100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa	
GREATER THAN OF EQUAL to 140kg enoxa	parin 40mg every 12 nours
() 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	· · · · · · · · · · · · · · · · · · ·
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 &
() -1 ((Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g.	Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS
	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU &
with weight GREATER than 100 kg	Post-op
3	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	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
(

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Required)

Mechanical Prophylaxis (Single Response) (Selection

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

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

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

() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
	Routine, Once
Contraindications exist for mechanical prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	າ
Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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 Respons (Selection Required)	e)
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
<u> </u>	162 mg, oral, daily, Starting C+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	
() Apixaban and Pharmacy Consult (Selection R	, ,
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommende doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours	
GREATER THAN or EQUAL to 140kg enoxap	arın 40mg every 12 hours
() For CrCII ESS than 20ml /min anavaration	(LOVENOY)
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op
[] GIIOAAPAIIII (LOVEINOA) IIIJECIIOII	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 (Selectio Required)	n
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
Labs	
Labs Today	
[] CBC with platelet and differential	Once, Post-op
Basic metabolic panel Comprehensive metabolic panel	Once, Post-op Once, Post-op
Labs - Tomorrow	51100, 1 00t op
	ANA draw For A Occurrences Doct on
CBC with platelet and differential Basic metabolic panel	AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op
[] Comprehensive metabolic panel	AM draw For 1 Occurrences, Post-op
Cardiology	
Imaging	
X-Ray	
[] FL UGI with or without KUB	Routine, 1 time imaging, Starting S+1 For Until specified PostOp Day 1; with Omnipaque or Gastroview. Exam must be done in AM.

Other Studies

Respiratory

Respiratory

[X] Oxygen therapy	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy:
[X] Incentive spirometry	Post-op Routine, Every hour Patient to perform 10 x per hour every hour. Encourage cough & deep breathing exercises., Post-op

Rehab

Consults
For Physician Consult orders use sidebar

Ancillary Consults

Post-op, Nurse to call and initiate consult
Consult Reason: Other specify
Specify: Evaluate and Treat Post Operative Bariatric Surgery
Post-op
Reason for Consult: Other Specify
Specify: Evaluate and Treat Post Operative Bariatric Surgery
Post-op
Reason for Consult? Patient has CPAP or BIPA, please assist
in setting up
Post-op
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
Special Instructions:
Location of Wound?
Post-op
Reason for referral to Occupational Therapy (mark all that
apply):
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
Reason For Consult? Diet Education
Purpose/Topic: Diet Education
Post-op
Reason for consult?
Post-op
•

Additional Orders