

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 Multimodal Pain Medications

ERAS Diet and Nutrition (Single Response)

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

ERAS Diet and Nutrition for Acute patients

Diet - Soft easy to digest
Diet effective now, Starting S
Diet(s): Easy to digest (GERD)
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
soft, PACU & Post-op

Chew Gum
Routine, Until discontinued, Starting S
Chew gum 3 times a day (for at least 30 minutes each time) beginning evening of POD # 0., PACU & Post-op

ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

Nursing communication
Routine, Until discontinued, Starting S
After extubation, perform bedside swallow evaluation., PACU & Post-op

Diet - Full Liquids
Diet effective now, Starting S
Diet(s): Full Liquids
Other Options:
Advance Diet as Tolerated? Yes
Target Diet: GERD - Easy to Digest diet
Advance target diet criteria:
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
PACU & Post-op

ERAS Diet and Nutrition (Single Response)

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

ERAS Diet and Nutrition for Acute patients

[] IMPACT Advanced Recovery	<p>Routine, Daily with meals Can/Bottle Supplements: Impact Advanced Recovery Number of Cans/Bottles each administration: Can/Bottle Supplements: Impact Advanced Recovery Can/Bottle Supplements: Can/Bottle Supplements: Can/Bottle Supplements: Impact AR Can/Bottle Supplements: Can/Bottle Supplements: Impact Advance Recovery Can/Bottle Supplements: Impact Advanced Recovery IMPACT Advanced Recovery. Drink 1 carton (6 oz/180 mL) by mouth 2 (two) times daily with meals starting postoperative day 1 for 15 doses. Contraindications: not for individuals with galactosemia deficiency, allergy to fish oil, congenital milk protein allergy, rare contraindications with intractable hyperkalemia. Suitable for these diets: lactose intolerance, gluten-free, kosher, halal., PACU & Post-op</p>
[] Encourage sips of IMPACT as tolerated	<p>Routine, Until discontinued, Starting S Postop day 0 encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated., PACU & Post-op</p>
[] Diet - Soft easy to digest	<p>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</p>
[] Consult to Nutrition Services	<p>Reason For Consult? Other (Specify) Specify: ERAS Nutrition Screening Purpose/Topic: RD to perform nutrition screening and manage ERAS nutrition including post-op Impact formula as appropriate PACU & Post-op</p>
[] Chew Gum	<p>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</p>
<p>() ERAS Diet and Nutrition for ICU patients For patients LESS THAN 65 years old:</p>	
[] IMPACT Advanced Recovery	<p>Routine, Daily with meals, Starting S+1 For 5 Days Can/Bottle Supplements: Impact Advanced Recovery Number of Cans/Bottles each administration: Can/Bottle Supplements: Impact Advanced Recovery Can/Bottle Supplements: Impact Advanced Recovery Can/Bottle Supplements: Can/Bottle Supplements: Impact AR Can/Bottle Supplements: Can/Bottle Supplements: Impact Advance Recovery Can/Bottle Supplements: Impact Advanced Recovery IMPACT Advanced Recovery. Drink 1 carton (6 oz/180 mL) by mouth 2 (two) times daily with meals starting postoperative day 1 for 15 doses. Contraindications: not for individuals with galactosemia deficiency, allergy to fish oil, congenital milk protein allergy, rare contraindications with intractable hyperkalemia. Suitable for these diets: lactose intolerance, gluten-free, kosher, halal., PACU & Post-op</p>
[] Encourage sips of IMPACT as tolerated	<p>Routine, Until discontinued, Starting S After extubation, Postop day 0, encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated., PACU & Post-op</p>
[] Nursing communication	<p>Routine, Until discontinued, Starting S After extubation, perform bedside swallow evaluation., PACU & Post-op</p>

Diet - Full Liquids
Diet effective now, Starting S
Diet(s): Full Liquids
Other Options:
Advance Diet as Tolerated? Yes
Target Diet: GERD - Easy to Digest diet
Advance target diet criteria:
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
PACU & Post-op

Consult to Nutrition Services
Reason For Consult? Other (Specify)
Specify: ERAS
Purpose/Topic: RD to manage ERAS nutrition including post-op Impact formula as appropriate
PACU & Post-op

ERAS Multimodal Pain Medications

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

acetaminophen (TYLENOL) (Single Response)

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

Acetaminophen oral, per tube or rectal **"Or" Linked Panel**
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

acetaminophen (TYLENOL) tablet 1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op

acetaminophen (TYLENOL)suspension 1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
Use if patient cannot swallow tablet.

acetaminophen (TYLENOL) suppository 975 mg, rectal, every 8 hours, For 3 Doses, PACU & Post-op
Use if patient cannot swallow tablet.

Acetaminophen oral, per tube or rectal - for patients with cirrhosis or severe hepatic dysfunction **"Or" Linked Panel**
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

acetaminophen (TYLENOL) tablet 650 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op

acetaminophen (TYLENOL)suspension 650 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
Use if patient cannot swallow tablet.

acetaminophen (TYLENOL) suppository 650 mg, rectal, every 8 hours, For 3 Doses, PACU & Post-op
Use if patient cannot swallow tablet.

acetaminophen IV followed by oral

acetaminophen (OFIRMEV) IV 1,000 mg, intravenous, Administer over: 15 Minutes, once, For 1 Doses, PACU & Post-op
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?

acetaminophen (TYLENOL) (Single Response)

Acetaminophen oral, per tube or rectal 1000 mg **"Or" Linked Panel**
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

acetaminophen (TYLENOL) tablet 1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op

<input type="checkbox"/>	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.
<input type="checkbox"/>	acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op Use if patient cannot swallow tablet.
()	Acetaminophen oral, per tube or rectal 650 mg - for patients with cirrhosis or severe hepatic dysfunction	"Or" Linked Panel Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op
<input type="checkbox"/>	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.
<input type="checkbox"/>	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?
<input type="checkbox"/>	Nonsteroidal Anti-inflammatory Drug (NSAID) (Single Response)	Select Ketorolac(TORADOL) IV and one oral NSAID to follow IV dose OR select one oral NSAID unless contraindicated; Do not give to patients with Stage IV - V CKD or AKI; increases risk of GI bleeding
()	Ketorolac (TORADOL) IV X 24 hours followed by oral NSAID	
<input type="checkbox"/>	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.
<input type="checkbox"/>	Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)	
()	celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op Do not administer to patients with CrCl<30
()	ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op
()	ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op
()	ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU & Post-op
()	naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op
()	Ketorolac (TORADOL) IV X 48 hours followed by oral NSAID	
<input type="checkbox"/>	ketorolac (TORADOL) IV (Single Response)	
()	ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
()	ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID

()	ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
()	ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID.
[]	Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)	
()	celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op Do not administer to patients with CrCl<30
()	ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU & Post-op
()	ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU & Post-op
()	ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+48 Hours, PACU & Post-op
()	naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op
()	Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)	
()	celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, PACU & Post-op Do not administer to patients with CrCl<30
()	ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, PACU & Post-op
()	ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, PACU & Post-op
()	ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, PACU & Post-op
()	naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, PACU & Post-op
[]	Gabapentinoids (Single Response)	
	Consider pregabalin (LYRICA) only if unable to tolerate gabapentin (NEURONTIN) Contact physician if somnolence or drowsiness persists; Need renal dose adjustment; Do not administer if CrCl < 15 mL/min; Give with caution to patients 65 years of age and older	
()	pregabalin (LYRICA) (Single Response)	
()	For patients GREATER than 65 years old (Single Response)	
()	pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min)	25 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min)	25 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min)	25 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	For patients LESS than 65 years old (Single Response)	
()	pregabalin (LYRICA) capsule 50 mg (CrCl greater than or equal to 60 mL/min)	50 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min)	50 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)	50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	gabapentin (NEURONTIN) (Single Response)	
()	For patients GREATER than 65 years old (Single Response)	
()	gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)	100 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
()	gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min)	100 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

<input type="checkbox"/> 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
<input type="checkbox"/> For patients LESS than 65 years old (Single Response)	
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> Muscle Relaxant (Single Response)	
<input type="checkbox"/> Patients GREATER THAN or EQUAL to 65 years old	
<input type="checkbox"/> methocarbamol (ROBAXIN) IV followed by oral	
<input type="checkbox"/> methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, Administer over: 60 Minutes, every 8 hours scheduled, For 3 Doses, PACU & Post-op
<input type="checkbox"/> methocarbamol (ROBAXIN) tablet	250 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU & Post-op
<input type="checkbox"/> cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 12 hours scheduled, PACU & Post-op
<input type="checkbox"/> Patients LESS THAN 65 years old	
<input type="checkbox"/> methocarbamol (ROBAXIN) IV followed by oral (For patients GREATER than or EQUAL to 65 years old)	
<input type="checkbox"/> methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, Administer over: 60 Minutes, every 8 hours scheduled, For 3 Doses, PACU & Post-op
<input type="checkbox"/> methocarbamol (ROBAXIN) tablet	750 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU & Post-op
<input type="checkbox"/> cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, 3 times daily, PACU & Post-op
<input type="checkbox"/> lidocaine (LIDODERM) patch	
<input type="checkbox"/> 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).
<input type="checkbox"/> Opioids	
Only for moderate to severe breakthrough pain	
<input type="checkbox"/> For moderate breakthrough pain (pain score 4-6)	
<input type="checkbox"/> 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:
<input type="checkbox"/> traMADoL (ULTRAM) (Single Response)	
<input type="checkbox"/> 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:
<input type="checkbox"/> traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op Allowance for Patient Preference:
<input type="checkbox"/> For severe breakthrough pain (pain score 7-10)	
<input type="checkbox"/> 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:
<input type="checkbox"/> oxyCODONE (ROXICODONE) IR - patients 65 years old and greater	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU & Post-op Allowance for Patient Preference:
<input type="checkbox"/> traMADoL (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU & Post-op Allowance for Patient Preference:
<input type="checkbox"/> hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), PACU & Post-op IF unable to tolerate oral intake

ERAS Postop Diet/Nutrition and Multimodal Pain Medications

ERAS Diet and Nutrition (Single Response)

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

ERAS Diet and Nutrition for Acute patients

IMPACT Advanced Recovery

Routine, Daily with meals
Can/Bottle Supplements: Impact Advanced Recovery
Number of Cans/Bottles each administration:
Can/Bottle Supplements: Impact Advanced Recovery
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements: Impact AR
Can/Bottle Supplements:
Can/Bottle Supplements: Impact Advance Recovery
Can/Bottle Supplements: Impact Advanced Recovery
IMPACT Advanced Recovery. Drink 1 carton (6 oz/180 mL) by mouth 2 (two) times daily with meals starting postoperative day 1 for 15 doses.
Contraindications: not for individuals with galactosemia deficiency, allergy to fish oil, congenital milk protein allergy, rare contraindications with intractable hyperkalemia. Suitable for these diets: lactose intolerance, gluten-free, kosher, halal., PACU & Post-op

Encourage sips of IMPACT as tolerated

Routine, Until discontinued, Starting S
Postop day 0 encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated., PACU & Post-op

Diet - Soft easy to digest

Diet effective now, Starting S
Diet(s): Easy to digest (GERD)
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
soft, PACU & Post-op

Consult to Nutrition Services

Reason For Consult? Other (Specify)
Specify: ERAS Nutrition Screening
Purpose/Topic: RD to perform nutrition screening and manage ERAS nutrition including post-op Impact formula as appropriate
PACU & Post-op

Chew Gum

Routine, Until discontinued, Starting S
Chew gum 3 times a day (for at least 30 minutes each time) beginning evening of POD # 0., PACU & Post-op

ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

IMPACT Advanced Recovery

Routine, Daily with meals, Starting S+1 For 5 Days
Can/Bottle Supplements: Impact Advanced Recovery
Number of Cans/Bottles each administration:
Can/Bottle Supplements: Impact Advanced Recovery
Can/Bottle Supplements: Impact Advanced Recovery
Can/Bottle Supplements:
Can/Bottle Supplements: Impact AR
Can/Bottle Supplements:
Can/Bottle Supplements: Impact Advance Recovery
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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, congenital milk protein allergy, rare contraindications with intractable hyperkalemia. Suitable for these diets: lactose intolerance, gluten-free, kosher, halal., PACU & Post-op

Encourage sips of IMPACT as tolerated

Routine, Until discontinued, Starting S
After extubation, Postop day 0, encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated., PACU & Post-op

<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S After extubation, perform bedside swallow evaluation., PACU & Post-op
<input type="checkbox"/> 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
<input type="checkbox"/> 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)

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

ERAS Diet and Nutrition for Acute patients

<input type="checkbox"/> 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
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<input type="checkbox"/> 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
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ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S After extubation, perform bedside swallow evaluation., PACU & Post-op
<input type="checkbox"/> Diet - Full Liquids	Diet effective now, Starting S Diet(s): Full Liquids Other Options: Advance Diet as Tolerated? Yes Target Diet: GERD - Easy to Digest diet Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op

ERAS Multimodal Pain Medications

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

acetaminophen (TYLENOL) (Single Response)

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

Acetaminophen oral, per tube or rectal

"Or" Linked Panel

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

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
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<input type="checkbox"/>	acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
<input type="checkbox"/>	acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
()	Acetaminophen oral, per tube or rectal - for patients with cirrhosis or severe hepatic dysfunction	"Or" Linked Panel Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
<input type="checkbox"/>	acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
<input type="checkbox"/>	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	
<input type="checkbox"/>	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?
<input type="checkbox"/>	acetaminophen (TYLENOL) (Single Response)	
()	Acetaminophen oral, per tube or rectal 1000 mg	"Or" Linked Panel Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op
<input type="checkbox"/>	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.
<input type="checkbox"/>	acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op Use if patient cannot swallow tablet.
()	Acetaminophen oral, per tube or rectal 650 mg - for patients with cirrhosis or severe hepatic dysfunction	"Or" Linked Panel Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op
<input type="checkbox"/>	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.
<input type="checkbox"/>	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?
<input type="checkbox"/>	Nonsteroidal Anti-inflammatory Drug (NSAID) (Single Response)	
	Select Ketorolac(TORADOL) IV and one oral NSAID to follow IV dose OR select one oral NSAID unless contraindicated; Do not give to patients with Stage IV - V CKD or AKI; increases risk of GI bleeding	

<input type="checkbox"/> Ketorolac (TORADOL) IV X 24 hours followed by oral NSAID	
<input type="checkbox"/> ketorolac (TORADOL) IV (Single Response)	
<input type="checkbox"/> ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
<input type="checkbox"/> ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID
<input type="checkbox"/> ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
<input type="checkbox"/> ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID.
<input type="checkbox"/> Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)	
<input type="checkbox"/> 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
<input type="checkbox"/> ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op
<input type="checkbox"/> ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op
<input type="checkbox"/> ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU & Post-op
<input type="checkbox"/> naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op
<input type="checkbox"/> Ketorolac (TORADOL) IV X 48 hours followed by oral NSAID	
<input type="checkbox"/> ketorolac (TORADOL) IV (Single Response)	
<input type="checkbox"/> ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
<input type="checkbox"/> ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID
<input type="checkbox"/> ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
<input type="checkbox"/> ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID.
<input type="checkbox"/> Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)	
<input type="checkbox"/> 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
<input type="checkbox"/> ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU & Post-op
<input type="checkbox"/> ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU & Post-op
<input type="checkbox"/> ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+48 Hours, PACU & Post-op
<input type="checkbox"/> naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op
<input type="checkbox"/> Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Single Response)	
<input type="checkbox"/> celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, PACU & Post-op Do not administer to patients with CrCl<30
<input type="checkbox"/> ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, PACU & Post-op
<input type="checkbox"/> ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, PACU & Post-op
<input type="checkbox"/> ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, PACU & Post-op
<input type="checkbox"/> naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, PACU & Post-op
<input type="checkbox"/> Gabapentinoids (Single Response)	
Consider pregabalin (LYRICA) only if unable to tolerate gabapentin (NEURONTIN) Contact physician if somnolence or drowsiness persists; Need renal dose adjustment; Do not administer if CrCl < 15 mL/min; Give with caution to patients 65 years of age and older	
<input type="checkbox"/> pregabalin (LYRICA) (Single Response)	

<input type="checkbox"/> For patients GREATER than 65 years old (Single Response)	
<input type="checkbox"/> pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min)	25 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min)	25 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min)	25 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> For patients LESS than 65 years old (Single Response)	
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> gabapentin (NEURONTIN) (Single Response)	
<input type="checkbox"/> For patients GREATER than 65 years old (Single Response)	
<input type="checkbox"/> gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)	100 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min)	100 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
<input type="checkbox"/> 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
<input type="checkbox"/> For patients LESS than 65 years old (Single Response)	
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> Muscle Relaxant (Single Response)	
<input type="checkbox"/> Patients GREATER THAN or EQUAL to 65 years old	
<input type="checkbox"/> methocarbamol (ROBAXIN) IV followed by oral	
<input type="checkbox"/> methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, Administer over: 60 Minutes, every 8 hours scheduled, For 3 Doses, PACU & Post-op
<input type="checkbox"/> methocarbamol (ROBAXIN) tablet	250 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU & Post-op
<input type="checkbox"/> cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 12 hours scheduled, PACU & Post-op
<input type="checkbox"/> Patients LESS THAN 65 years old	
<input type="checkbox"/> methocarbamol (ROBAXIN) IV followed by oral (For patients GREATER than or EQUAL to 65 years old)	
<input type="checkbox"/> methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, Administer over: 60 Minutes, every 8 hours scheduled, For 3 Doses, PACU & Post-op
<input type="checkbox"/> methocarbamol (ROBAXIN) tablet	750 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU & Post-op
<input type="checkbox"/> cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, 3 times daily, PACU & Post-op
<input type="checkbox"/> lidocaine (LIDODERM) patch	

<input type="checkbox"/> 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).
<input type="checkbox"/> Opioids	
Only for moderate to severe breakthrough pain	
<input type="checkbox"/> For moderate breakthrough pain (pain score 4-6)	
<input type="checkbox"/> 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:
<input type="checkbox"/> traMADoL (ULTRAM) (Single Response)	
<input type="checkbox"/> 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:
<input type="checkbox"/> traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op Allowance for Patient Preference:
<input type="checkbox"/> For severe breakthrough pain (pain score 7-10)	
<input type="checkbox"/> 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:
<input type="checkbox"/> oxyCODONE (ROXICODONE) IR - patients 65 years old and greater	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU & Post-op Allowance for Patient Preference:
<input type="checkbox"/> traMADoL (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU & Post-op Allowance for Patient Preference:
<input type="checkbox"/> hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), PACU & Post-op IF unable to tolerate oral intake

General

Common Present on Admission Diagnosis

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

<input type="checkbox"/> Sepsis	Post-op
<input type="checkbox"/> Septic Shock	Post-op
<input type="checkbox"/> Septicemia	Post-op
<input type="checkbox"/> Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
<input type="checkbox"/> Urinary Tract Infection, Site Not Specified	Post-op

Elective Outpatient, Observation, or Admission (Single Response)

<input type="checkbox"/> Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
<input type="checkbox"/> Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
<input type="checkbox"/> Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op

Admission or Observation (Single Response)

Patient has active outpatient status order on file

<input type="checkbox"/> 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
<input type="checkbox"/> Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
<input type="checkbox"/> Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
<input type="checkbox"/> Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
<input type="checkbox"/> Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

Admission (Single Response)

Patient has active status order on file

Admit to inpatient
Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
PACU & Post-op

Transfer patient
Level of Care:
Bed request comments:
Scheduling/ADT

Return to previous bed
Routine, Until discontinued, Starting S, Scheduling/ADT

Transfer (Single Response)

Patient has active inpatient status order on file

Transfer patient
Level of Care:
Bed request comments:
Scheduling/ADT

Return to previous bed
Routine, Until discontinued, Starting S, Scheduling/ADT

Code Status

@CERMSG(674511:):@

Code Status (Single Response)

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

Full code
Code Status decision reached by:
Post-op

DNR (Do Not Resuscitate) (Selection Required)
 DNR (Do Not Resuscitate)
Did the patient/surrogate require the use of an interpreter?
Did the patient/surrogate require the use of an interpreter?
Does patient have decision-making capacity?
Post-op

Consult to Palliative Care Service
 Consult to Palliative Care Service
Priority:
Reason for Consult?
Order?
Name of referring provider:
Enter call back number:

Consult to Social Work
Reason for Consult:
Post-op

Modified Code
Did the patient/surrogate require the use of an interpreter?
Did the patient/surrogate require the use of an interpreter?
Does patient have decision-making capacity?
Modified Code restrictions:
Post-op

Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))
I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.
Treatment Restriction decision reached by:
Specify Treatment Restrictions:
Post-op

Isolation

Airborne isolation status
 Airborne isolation status
Details

<input type="checkbox"/>	Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Post-op
<input type="checkbox"/>	Contact isolation status	Details
<input type="checkbox"/>	Droplet isolation status	Details
<input type="checkbox"/>	Enteric isolation status	Details

Precautions

<input type="checkbox"/>	Aspiration precautions	Post-op
<input type="checkbox"/>	Fall precautions	Increased observation level needed: Post-op
<input type="checkbox"/>	Latex precautions	Post-op
<input type="checkbox"/>	Seizure precautions	Increased observation level needed: Post-op

Nursing

Vital Signs

<input checked="" type="checkbox"/>	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
<input type="checkbox"/>	Vital signs - T/P/R/BP	Routine, Per unit protocol, Post-op
<input type="checkbox"/>	Pulse oximetry	Routine, Continuous Current FIO2 or Room Air: Post-op

Activity

<input type="checkbox"/>	HOB 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees If not contraindicated , Post-op
<input checked="" type="checkbox"/>	Out of bed	Routine, Once For 1 Occurrences Specify: Out of bed Once within two hours after arrival to floor. , Post-op
<input checked="" type="checkbox"/>	Ambulate with assistance	Routine, Every 2 hours Specify: with assistance Ambulate patient 4 x per shift , Post-op
<input type="checkbox"/>	Patient may shower	Routine, Daily Specify: Additional modifier: PostOp Day ***, Per surgeons instructions , Post-op

Nursing

<input checked="" type="checkbox"/>	Intake and output	Routine, Now then every 8 hours Notify M.D if urine less than 240 ml over 8 hours, Post-op
<input type="checkbox"/>	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
<input type="checkbox"/>	Insert and maintain Foley	
<input type="checkbox"/>	Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: Post-op
<input type="checkbox"/>	Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain Post-op
<input type="checkbox"/>	Remove Foley catheter	Routine, Once, Starting S+1 If present, discontinue Foley PostOp Day 1 unless contraindicated , Post-op
<input type="checkbox"/>	Saline lock IV	Routine, Continuous, Starting S+1 Post-Op Day 1

<input checked="" type="checkbox"/> Medication Administration Instructions	Routine, Once For 1 Occurrences DO NOT administer Extended-release medications., Post-op
<input checked="" type="checkbox"/> 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	
<input type="checkbox"/> 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
<input type="checkbox"/> Surgical/incision site care	Routine, As needed Location: Site: Apply: Dressing Type: Open to air? Post-op
<input type="checkbox"/> Provide equipment / supplies at bedside	Routine, Once Supplies: Suture removal kit Post-op
Notify	
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> Notify Physician of urine output	Routine, Until discontinued, Starting S, If urine less than 240 milliliters/8 hours, Post-op
<input checked="" type="checkbox"/> Notify Physician upon admission	Routine, Until discontinued, Starting S, For patient's arrival and room number, Post-op
<input checked="" type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Diet Education Purpose/Topic: Dietician MUST provide bariatric education prior to discharge. Post-op
Diet	
<input type="checkbox"/> 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 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

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 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

<input type="checkbox"/> 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
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Education

<input checked="" type="checkbox"/> 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
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IV Fluids

Maintenance IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	intravenous, continuous, Post-op
<input type="checkbox"/> lactated Ringer's infusion	intravenous, continuous, Post-op
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Post-op
<input type="checkbox"/> sodium chloride 0.45 % infusion	intravenous, continuous, Post-op
<input type="checkbox"/> sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Post-op
<input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	intravenous, continuous, Post-op

Pharmacy Consults

Consult

<input checked="" type="checkbox"/> 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.
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Medications

Restricted Medications

<input checked="" type="checkbox"/> No NSAIDs EXcluding aspirin, celecoxib and IV ketorolac	STAT, Until discontinued, Starting S Reason for "No" order: Post-op
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Pain Medications (Single Response)

Check Prescription Drug Monitoring Program.
 Prior to initiation of opioid therapy, it is recommended to check the prescription monitoring program (PMP) database to assess patient's opioid tolerance status. A summarized version of the PMP report may be accessed by clicking on the NaRx Score on the patient's Storyboard. You may access the full version of the Texas PMP here."
<https://texas.pmpaware.net/login>
 Texas PMP

Pain Management Guide

Opioid PCA Conversion to Oral Opioid Regimen

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

Scheduled Pain Medications (Single Response)

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

() acetaminophen (TYLENOL) 500 mg tablet or liquid	"Or" Linked Panel
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours scheduled, Post-op Use if patient can tolerate oral tablet.
<input type="checkbox"/> acetaminophen (TYLENOL) liquid	500 mg, oral, every 6 hours scheduled, Post-op
() acetaminophen (TYLENOL) 650 mg tablet or liquid	"Or" Linked Panel
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours scheduled, Post-op Use if patient can tolerate oral tablet.
<input type="checkbox"/> acetaminophen (TYLENOL) liquid	650 mg, oral, every 6 hours scheduled, Post-op
() NSAIDs: For Patients LESS than 65 years old (Single Response)	
() ibuprofen (ADVIL, MOTRIN) tablet or oral suspension	"Or" Linked Panel
<input type="checkbox"/> 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.
<input type="checkbox"/> ibuprofen (MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours scheduled, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
() naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily, Post-op
() celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily, Post-op
() ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours scheduled, Post-op For patients LESS THAN 65 years old. Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
() NSAIDs: For Patients GREATER than or EQUAL to 65 years old (Single Response)	
() ibuprofen (ADVIL, MOTRIN) tablet or oral suspension	"Or" Linked Panel
<input type="checkbox"/> 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.
<input type="checkbox"/> ibuprofen (MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours scheduled, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet.
() naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
() celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily, Post-op 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	
<input type="checkbox"/> PRN Medications for Mild Pain (Pain Score 1-3): For Patients LESS than 65 years old (Single Response)	Do not order both scheduled and PRN NSAIDs/APAP simultaneously.
() acetaminophen (TYLENOL) tablet OR oral suspension OR rectal suppository	"Or" Linked Panel Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient able to swallow tablet.
<input type="checkbox"/> acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot tolerate oral tablet.
<input type="checkbox"/> acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot tolerate oral tablet OR oral solution.
() ibuprofen (ADVIL, MOTRIN) tablet or oral suspension	"Or" Linked Panel

<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	naproxen (NAPROSYN) tablet	250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op
<input type="checkbox"/>	celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily PRN, mild pain (score 1-3), Post-op
<input type="checkbox"/>	ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient unable to swallow tablet.
[] PRN Medications for Mild Pain (Pain Score 1-3): For Patients GREATER than or EQUAL to 65 years old (Single Response)		
Do not order both scheduled and PRN NSAIDs/APAP simultaneously.		
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet OR oral suspension	"Or" Linked Panel Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
<input type="checkbox"/>	acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot tolerate oral tablet.
<input type="checkbox"/>	ibuprofen (ADVIL, MOTRIN) tablet or oral suspension	"Or" Linked Panel
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	acetaminophen-codeine (TYLENOL #3) tablet OR elixir	"Or" Linked Panel
<input type="checkbox"/>	acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:
<input type="checkbox"/>	acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:
<input type="checkbox"/>	ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient able to swallow tablet
[] PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)		
<input type="checkbox"/>	acetaminophen-codeine (TYLENOL #3) tablet OR elixir	"Or" Linked Panel
<input type="checkbox"/>	acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:
<input type="checkbox"/>	acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:
<input type="checkbox"/>	HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	"Or" Linked Panel Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

<input type="checkbox"/> 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:
<input type="checkbox"/> 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:
<input type="checkbox"/> 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:
<input type="checkbox"/> 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:
<input type="checkbox"/> PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than or EQUAL to 65 years old (Single Response)	
<input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) tablet OR elixir	"Or" Linked Panel
<input type="checkbox"/> 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:
<input type="checkbox"/> acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:
<input type="checkbox"/> HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	"Or" Linked Panel
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
<input type="checkbox"/> 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:
<input type="checkbox"/> 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:
<input type="checkbox"/> 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:
<input type="checkbox"/> 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:
<input type="checkbox"/> PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old if unable to tolerate Oral Pain Medication. (Single Response)	
Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.	
<input type="checkbox"/> 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:

<input type="checkbox"/> 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
<input type="checkbox"/> ketorolac (TORADOL) IV (Single Response) Do NOT use in patients with eGFR LESS than 30 mL/min. WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.	
<input type="checkbox"/> 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
<input type="checkbox"/> PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than or EQUAL to 65 years old if unable to tolerate Oral Pain Medication. (Single Response) Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized. (adjust dose for renal/liver function and age)	
<input type="checkbox"/> morPHINE injection	1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications. Allowance for Patient Preference:
<input type="checkbox"/> 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
<input type="checkbox"/> PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response) Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.	
<input type="checkbox"/> HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir	"Or" Linked Panel
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
<input type="checkbox"/> 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:
<input type="checkbox"/> 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:
<input type="checkbox"/> 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:
<input type="checkbox"/> 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:
<input type="checkbox"/> PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than or EQUAL to 65 years old (Single Response) Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.	
<input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Oral tablets may be crushed. Give if patient able to swallow tablet Allowance for Patient Preference:

(<input type="checkbox"/>) 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:
(<input type="checkbox"/>) HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir	"Or" Linked Panel
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[<input type="checkbox"/>] 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:
[<input type="checkbox"/>] 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:
(<input type="checkbox"/>) HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir	"Or" Linked Panel
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[<input type="checkbox"/>] 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:
[<input type="checkbox"/>] 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:
(<input type="checkbox"/>) traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet. Allowance for Patient Preference:
[<input type="checkbox"/>] PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old if unable to tolerate Oral Pain Medication. (Single Response)	
Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.	
(<input type="checkbox"/>) fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. Allowance for Patient Preference:
(<input type="checkbox"/>) morPHINE injection	4 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications. Allowance for Patient Preference:
(<input type="checkbox"/>) 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.
[<input type="checkbox"/>] PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than or EQUAL to 65 years old if unable to tolerate Oral Pain Medication. (Single Response)	
Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.	
(<input type="checkbox"/>) 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:

<input type="checkbox"/> morPHINE injection	2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications. Allowance for Patient Preference:
<input type="checkbox"/> 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)

<input type="checkbox"/> methocarbamol (ROBAXIN) tablet	500 mg, oral, every 6 hours PRN, muscle spasms, Post-op
<input type="checkbox"/> cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, 3 times daily PRN, muscle spasms, Post-op
<input type="checkbox"/> tiZANidine (ZANAFLEX) tablet	2 mg, oral, every 8 hours PRN, muscle spasms, Post-op

Antiemetics - HMM, HMSL Only

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 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.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral	"Or" Linked Panel
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

Antiemetics - NOT HMSL, HMSTJ, HMM

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 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.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMSTJ Only

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 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.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel

<input checked="" type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

GI Medications (Single Response)

<input type="checkbox"/> famotidine (PEPCID) Oral or IV	"Or" Linked Panel
<input type="checkbox"/> famotidine (PEPCID) tablet	20 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.
<input type="checkbox"/> famotidine (PEPCID) injection	20 mg, intravenous, 2 times daily, Post-op Use injection if patient cannot tolerate oral medication or requires a faster onset of action. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
<input type="checkbox"/> pantoprazole (PROTONIX) Oral or IV	"Or" Linked Panel
<input type="checkbox"/> pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600, Post-op Give the tablet if the patient can tolerate oral medication. Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/> pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily at 0600, Post-op Use injection if patient cannot tolerate oral medication or requires a faster onset of action. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

Itching: For Patients LESS than 70 years old (Single Response)

<input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 6 hours PRN, itching, Post-op
<input type="checkbox"/> hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching, Post-op
<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed	60 mg, oral, 2 times daily PRN, itching, Post-op

Itching: For Patients between 70-76 years old (Single Response)

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
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Itching: For Patients GREATER than 77 years old (Single Response)

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
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Insomnia: For Patients GREATER than or EQUAL to 70 years old (Single Response)

<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
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Insomnia: For Patients LESS than 70 years old (Single Response)

<input type="checkbox"/> zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op

VTE

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

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

<input type="checkbox"/> Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> 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
<input type="checkbox"/> Place sequential compression device (Single Response)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> 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
<input type="checkbox"/> Place sequential compression device (Single Response)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> 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
<input type="checkbox"/> Place sequential compression device (Single Response)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> 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
<input type="checkbox"/> Place sequential compression device (Single Response)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op

<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> LOW Risk of DVT (Selection Required)		
Low Risk Definition Age less than 60 years and NO other VTE risk factors		
<input type="checkbox"/> Low Risk (Single Response) (Selection Required)		
<input type="checkbox"/>	Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation PACU & Post-op
<input type="checkbox"/> MODERATE Risk of DVT - Surgical (Selection Required)		
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission		
<input type="checkbox"/> Moderate Risk (Selection Required)		
<input type="checkbox"/>	Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device	"And" Linked Panel
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	"And" Linked Panel
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
Patient renal status: @CRCL@		
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours		

<input type="checkbox"/>	For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
<input type="checkbox"/>	For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
<input type="checkbox"/>	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):
<input type="checkbox"/>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/>	Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/>	MODERATE Risk of DVT - Non-Surgical (Selection Required)	
	Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
<input type="checkbox"/>	Moderate Risk (Selection Required)	
<input type="checkbox"/>	Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/>	Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	"And" Linked Panel

<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
()	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	"And" Linked Panel
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
()	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
	Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours	
()	For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
()	For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/>	Mechanical Prophylaxis (Single Response) (Selection Required)	
()	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
()	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
()	HIGH Risk of DVT - Surgical (Selection Required)	

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

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

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

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

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

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

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

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

heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

heparin (porcine) injection - For Patients with weight GREATER than 100 kg 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op
For patients with weight GREATER than 100 kg.

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

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

Mechanical Prophylaxis (Single Response) (Selection Required)

<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> HIGH Risk of DVT - Non-Surgical (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours	
<input type="checkbox"/> For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
<input type="checkbox"/> For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> 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.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:

<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)		
High Risk Definition		
Both pharmacologic AND mechanical prophylaxis must be addressed.		
One or more of the following medical conditions:		
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)		
Severe fracture of hip, pelvis or leg		
Acute spinal cord injury with paresis		
Multiple major traumas		
Abdominal or pelvic surgery for CANCER		
Acute ischemic stroke		
History of PE		
<input type="checkbox"/> High Risk (Selection Required)		
<input type="checkbox"/>	High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
<input type="checkbox"/>	aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
<input type="checkbox"/> Apixaban and Pharmacy Consult (Selection Required)		
<input type="checkbox"/>	apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
<input type="checkbox"/>	Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
Patient renal status: @CRCL@		
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:		
Weight Dose		
LESS THAN 100kg enoxaparin 40mg daily		
100 to 139kg enoxaparin 30mg every 12 hours		
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours		
<input type="checkbox"/> For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
<input type="checkbox"/> For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):

<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> Rivaroxaban and Pharmacy Consult (Selection Required)	
<input type="checkbox"/> 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
<input type="checkbox"/> Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

DVT Risk and Prophylaxis Tool (Single Response)

<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)	
<input type="checkbox"/> Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> 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
<input type="checkbox"/> Place sequential compression device (Single Response)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op

<input type="checkbox"/>	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
<input type="checkbox"/>	Place sequential compression device (Single Response)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/>	High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/>	High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/>	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
<input type="checkbox"/>	Place sequential compression device (Single Response)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/>	High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/>	High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/>	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
<input type="checkbox"/>	Place sequential compression device (Single Response)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/>	LOW Risk of DVT (Selection Required)	
	Low Risk Definition	
	Age less than 60 years and NO other VTE risk factors	
<input type="checkbox"/>	Low Risk (Single Response) (Selection Required)	
<input type="checkbox"/>	Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation PACU & Post-op
<input type="checkbox"/>	MODERATE Risk of DVT - Surgical (Selection Required)	

Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

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

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

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

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

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

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

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

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

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

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

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

<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> MODERATE Risk of DVT - Non-Surgical (Selection Required)	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
<input type="checkbox"/> Moderate Risk (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	"And" Linked Panel
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	"And" Linked Panel

<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<hr/>		
() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
Patient renal status: @CRCL@		
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours		
<hr/>		
() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
<hr/>		
() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
<hr/>		
<input type="checkbox"/>	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):
<hr/>		
<input type="checkbox"/>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
<input type="checkbox"/>	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/>	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.
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<hr/>		
[] Mechanical Prophylaxis (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<hr/>		
() HIGH Risk of DVT - Surgical (Selection Required)		

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

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

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

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

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

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

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

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

heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

heparin (porcine) injection - For Patients with weight GREATER than 100 kg 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op
For patients with weight GREATER than 100 kg.

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

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

Mechanical Prophylaxis (Single Response) (Selection Required)

<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> HIGH Risk of DVT - Non-Surgical (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours	
<input type="checkbox"/> For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
<input type="checkbox"/> For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> 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.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:

<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)		
High Risk Definition		
Both pharmacologic AND mechanical prophylaxis must be addressed.		
One or more of the following medical conditions:		
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)		
Severe fracture of hip, pelvis or leg		
Acute spinal cord injury with paresis		
Multiple major traumas		
Abdominal or pelvic surgery for CANCER		
Acute ischemic stroke		
History of PE		
<input type="checkbox"/> High Risk (Selection Required)		
<input type="checkbox"/>	High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
<input type="checkbox"/>	aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
<input type="checkbox"/> Apixaban and Pharmacy Consult (Selection Required)		
<input type="checkbox"/>	apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
<input type="checkbox"/>	Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
Patient renal status: @CRCL@		
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:		
Weight Dose		
LESS THAN 100kg enoxaparin 40mg daily		
100 to 139kg enoxaparin 30mg every 12 hours		
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours		
<input type="checkbox"/> For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
<input type="checkbox"/> For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):

<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> Rivaroxaban and Pharmacy Consult (Selection Required)	
<input type="checkbox"/> 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
<input type="checkbox"/> Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

Labs

Labs Today

<input type="checkbox"/> CBC with platelet and differential	Once, Post-op
<input type="checkbox"/> Basic metabolic panel	Once, Post-op
<input type="checkbox"/> Comprehensive metabolic panel	Once, Post-op

Labs - Tomorrow

<input type="checkbox"/> CBC with platelet and differential	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Basic metabolic panel	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Comprehensive metabolic panel	AM draw For 1 Occurrences, Post-op

Cardiology

Imaging

X-Ray

<input type="checkbox"/> 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.
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Other Studies

Respiratory

Respiratory

<input checked="" type="checkbox"/> 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: Post-op
<input checked="" type="checkbox"/> Incentive spirometry	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

<input type="checkbox"/> Consult to Bariatric Coordinator	Reason for Consult? Post bariatric surgery; Nurse to call and initiate consult Post-op, Nurse to call and initiate consult
<input type="checkbox"/> Consult to Case Management	Consult Reason: Other specify Specify: Evaluate and Treat Post Operative Bariatric Surgery Post-op
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Other Specify Specify: Evaluate and Treat Post Operative Bariatric Surgery Post-op
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult? Patient has CPAP or BIPA, please assist in setting up Post-op
<input type="checkbox"/> Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Post-op
<input type="checkbox"/> Consult to PT Wound Care Eval and Treat	Special Instructions: Location of Wound? Post-op
<input type="checkbox"/> Consult OT eval and treat	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
<input checked="" type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Diet Education Purpose/Topic: Diet Education Post-op
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? Post-op

Additional Orders