Breast Surgery Post-Op [2078]

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

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

( ) ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

[ ] IMPACT Advanced Recovery	Routine, Daily with meals, Starting S+1 For 5 Days Can/Bottle Supplements: Impact Advanced Recovery Number of Cans/Bottles each administration: Can/Bottle Supplements: Impact Advanced Recovery Can/Bottle Supplements: Impact Advanced Recovery Can/Bottle Supplements: Can/Bottle Supplements: Impact AR Can/Bottle Supplements: Can/Bottle Supplements: Impact Advance Recovery Can/Bottle Supplements: Impact Advanced Recovery IMPACT Advanced Recovery. Drink 1 carton (6 oz/180 mL) by mouth 2 (two) times daily with meals starting postoperative day 1 for 15 doses. Contraindications: not for individuals with galactosemia deficiency, allergy to fish oil, congential milk protein allergy, rare contraindications with intractable hyperkalemia. Suitable for these diets: lactose intolerance, gluten-free, kosher, halal., PACU & Post-op
[ ] Encourage sips of IMPACT as tolerated	Routine, Until discontinued, Starting S After extubation, Postop day 0, encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated., PACU & Post-op
[ ] Nursing communication	Routine, Until discontinued, Starting S After extubation, perform bedside swallow evaluation., PACU & Post-op
[ ] Diet - Full Liquids	Diet effective now, Starting S Diet(s): Full Liquids Other Options: Advance Diet as Tolerated? Yes Target Diet: GERD - Easy to Digest diet Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op
[ ] Consult to Nutrition Services	Reason For Consult? Other (Specify) Specify: ERAS Purpose/Topic: RD to manage ERAS nutrition including post-op Impact formula as appropriate PACU & Post-op

[ ] ERAS 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 Multimodal Pain Medications

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

[ ] acetaminophen (TYLENOL) (Single Response)

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

( ) Acetaminophen oral, per tube or rectal **"Or" Linked Panel**

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

[ ] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
[ ] acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
[ ] acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.

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

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

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

( ) acetaminophen IV followed by oral

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

[ ] acetaminophen (TYLENOL) (Single Response)

( ) Acetaminophen oral, per tube or rectal 1000 mg **"Or" Linked Panel**

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

[ ] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op
[ ] acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op Use if patient cannot swallow tablet.
[ ] acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op Use if patient cannot swallow tablet.

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

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

[ ] acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op
[ ] acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op Use if patient cannot swallow tablet.
[ ] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op Use if patient cannot swallow tablet.

( ) acetaminophen (OFIRMEV) IV (RESTRICTED) - for patients that cannot tolerate oral/enteral/rectal	1,000 mg, intravenous, Administer over: 15 Minutes, every 8 hours, For 3 Doses, PACU & Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?

[ ] Nonsteroidal Anti-inflammatory Drug (NSAID) (Single Response)

Select Ketorolac(TORADOL) IV and one oral NSAID to follow IV dose OR select one oral NSAID unless contraindicated; Do not give to patients with Stage IV - V CKD or AKI; increases risk of GI bleeding

( ) Ketorolac (TORADOL) IV X 24 hours followed by oral NSAID

[ ] ketorolac (TORADOL) IV (Single Response)

( ) ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
( ) ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID
( ) ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
( ) ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID.

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

( ) celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op Do not administer to patients with CrCl<30
( ) ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op
( ) ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op
( ) ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU & Post-op
( ) naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op

( ) Ketorolac (TORADOL) IV X 48 hours followed by oral NSAID

[ ] ketorolac (TORADOL) IV (Single Response)

( ) ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
( ) ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID
( ) ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
( ) ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID.

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

( ) celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op Do not administer to patients with CrCl<30
( ) ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU & Post-op
( ) ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU & Post-op
( ) ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+48 Hours, PACU & Post-op
( ) naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op

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

( ) celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, PACU & Post-op Do not administer to patients with CrCl<30
( ) ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, PACU & Post-op
( ) ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, PACU & Post-op
( ) ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, PACU & Post-op
( ) naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, PACU & Post-op

[ ] Gabapentinoids (Single Response)

Consider pregabalin (LYRICA) only if unable to tolerate gabapentin (NEURONTIN)
Contact physician if somnolence or drowsiness persists; Need renal dose adjustment; Do not administer if CrCl < 15 mL/min; Give with caution to patients 65 years of age and older

( ) pregabalin (LYRICA) (Single Response)

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

( ) pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min)	25 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min)	25 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min)	25 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

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

( ) pregabalin (LYRICA) capsule 50 mg (CrCl greater than or equal to 60 mL/min)	50 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min)	50 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)	50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

( ) gabapentin (NEURONTIN) (Single Response)

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

( ) gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)	100 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min)	100 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) gabapentin (NEURONTIN) capsule 100 mg (CrCl 15-29 mL/min)	100 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

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

( ) gabapentin (NEURONTIN) capsule 300 mg (CrCl greater than or equal to 60 mL/min)	300 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

( ) gabapentin (NEURONTIN) capsule 300 mg (CrCl 30-59 mL/min)	300 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) gabapentin (NEURONTIN) capsule 300 mg (CrCl 15-29 mL/min)	300 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

[ ] Muscle Relaxant (Single Response)

( ) Patients GREATER THAN or EQUAL to 65 years old

[ ] methocarbamol (ROBAXIN) IV followed by oral

[ ] methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, Administer over: 60 Minutes, every 8 hours scheduled, For 3 Doses, PACU & Post-op
[ ] methocarbamol (ROBAXIN) tablet	250 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU & Post-op
[ ] cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 12 hours scheduled, PACU & Post-op

( ) Patients LESS THAN 65 years old

[ ] methocarbamol (ROBAXIN) IV followed by oral (For patients GREATER than or EQUAL to 65 years old)

[ ] methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, Administer over: 60 Minutes, every 8 hours scheduled, For 3 Doses, PACU & Post-op
[ ] methocarbamol (ROBAXIN) tablet	750 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU & Post-op
[ ] cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, 3 times daily, PACU & Post-op

[ ] lidocaine (LIDODERM) patch

[ ] lidocaine (LIDODERM) 5 %	1 patch, transdermal, Administer over: 12 Hours, every 24 hours, PACU & Post-op Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine).

[ ] Opioids

Only for moderate to severe breakthrough pain

[ ] For moderate breakthrough pain (pain score 4-6)

[ ] oxyCODone (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), moderate pain (Non verbal CPOT or pain score score 4-6), PACU & Post-op Allowance for Patient Preference:

[ ] traMADoL (ULTRAM) (Single Response)

( ) traMADoL (ULTRAM) tablet - patients with cirrhosis	50 mg, oral, every 12 hours PRN, moderate pain (score 4-6), PACU & Post-op Allowance for Patient Preference:
( ) traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op Allowance for Patient Preference:

[ ] For severe breakthrough pain (pain score 7-10)

[ ] oxyCODone (ROXICODONE) IR - patients LESS than 65 years old	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU & Post-op Allowance for Patient Preference:
[ ] oxyCODONE (ROXICODONE) IR - patients 65 years old and greater	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU & Post-op Allowance for Patient Preference:
[ ] traMADol (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU & Post-op Allowance for Patient Preference:
[ ] hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), PACU & Post-op IF unable to tolerate oral intake

ERAS Postop Diet/Nutrition and Mutimodal Pain Medications

[ ] ERAS Diet and Nutrition (Single Response)

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

( ) ERAS Diet and Nutrition for Acute patients

[ ] Diet - Soft easy to digest	Diet effective now, Starting S Diet(s): Easy to digest (GERD) Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: soft, PACU & Post-op
[ ] Chew Gum	Routine, Until discontinued, Starting S Chew gum 3 times a day (for at least 30 minutes each time) beginning evening of POD # 0., PACU & Post-op

( ) ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

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

[ ] ERAS Diet and Nutrition (Single Response)

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

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[ ] Encourage sips of IMPACT as tolerated	Routine, Until discontinued, Starting S After extubation, Postop day 0, encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated., PACU & Post-op
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[ ] Diet - Full Liquids	Diet effective now, Starting S Diet(s): Full Liquids Other Options: Advance Diet as Tolerated? Yes Target Diet: GERD - Easy to Digest diet Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op
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[ ] acetaminophen (TYLENOL) (Single Response)

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

( ) Acetaminophen oral, per tube or rectal **"Or" Linked Panel**

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

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( ) acetaminophen IV followed by oral

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

[ ] acetaminophen (TYLENOL) (Single Response)

( ) Acetaminophen oral, per tube or rectal 1000 mg **"Or" Linked Panel**

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

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

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( ) acetaminophen (OFIRMEV) IV (RESTRICTED) - for patients that cannot tolerate oral/enteral/rectal	1,000 mg, intravenous, Administer over: 15 Minutes, every 8 hours, For 3 Doses, PACU & Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?

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( ) Ketorolac (TORADOL) IV X 24 hours followed by oral NSAID

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

( ) celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op Do not administer to patients with CrCl<30
( ) ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op
( ) ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op
( ) ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU & Post-op
( ) naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op

( ) Ketorolac (TORADOL) IV X 48 hours followed by oral NSAID

[ ] ketorolac (TORADOL) IV (Single Response)

( ) ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
( ) ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID
( ) ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
( ) ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID.

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

( ) celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op Do not administer to patients with CrCl<30
( ) ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU & Post-op
( ) ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU & Post-op
( ) ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+48 Hours, PACU & Post-op
( ) naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op

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

( ) celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, PACU & Post-op Do not administer to patients with CrCl<30
( ) ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, PACU & Post-op
( ) ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, PACU & Post-op
( ) ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, PACU & Post-op
( ) naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, PACU & Post-op

[ ] Gabapentinoids (Single Response)

Consider pregabalin (LYRICA) only if unable to tolerate gabapentin (NEURONTIN)
Contact physician if somnolence or drowsiness persists; Need renal dose adjustment; Do not administer if CrCl < 15 mL/min; Give with caution to patients 65 years of age and older

( ) pregabalin (LYRICA) (Single Response)

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

( ) pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min)	25 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

( ) pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min)	25 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min)	25 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

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

( ) pregabalin (LYRICA) capsule 50 mg (CrCl greater than or equal to 60 mL/min)	50 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min)	50 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)	50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

( ) gabapentin (NEURONTIN) (Single Response)

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

( ) gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)	100 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min)	100 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) gabapentin (NEURONTIN) capsule 100 mg (CrCl 15-29 mL/min)	100 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

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

( ) gabapentin (NEURONTIN) capsule 300 mg (CrCl greater than or equal to 60 mL/min)	300 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) gabapentin (NEURONTIN) capsule 300 mg (CrCl 30-59 mL/min)	300 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) gabapentin (NEURONTIN) capsule 300 mg (CrCl 15-29 mL/min)	300 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

[ ] Muscle Relaxant (Single Response)

( ) Patients GREATER THAN or EQUAL to 65 years old

[ ] methocarbamol (ROBAXIN) IV followed by oral

[ ] methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, Administer over: 60 Minutes, every 8 hours scheduled, For 3 Doses, PACU & Post-op
[ ] methocarbamol (ROBAXIN) tablet	250 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU & Post-op

[ ] cyclobenzaprine (FLEXERIL) tablet 5 mg, oral, every 12 hours scheduled, PACU & Post-op

( ) Patients LESS THAN 65 years old

[ ] methocarbamol (ROBAXIN) IV followed by oral (For patients GREATER than or EQUAL to 65 years old)

[ ] methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, Administer over: 60 Minutes, every 8 hours scheduled, For 3 Doses, PACU & Post-op
[ ] methocarbamol (ROBAXIN) tablet	750 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU & Post-op

[ ] cyclobenzaprine (FLEXERIL) tablet 5 mg, oral, 3 times daily, PACU & Post-op

[ ] lidocaine (LIDODERM) patch

[ ] lidocaine (LIDODERM) 5 %	1 patch, transdermal, Administer over: 12 Hours, every 24 hours, PACU & Post-op Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine).

[ ] Opioids

Only for moderate to severe breakthrough pain

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

General

Common Present on Admission Diagnosis

[ ]	Acidosis	Post-op
[ ]	Acute Post-Hemorrhagic Anemia	Post-op
[ ]	Acute Renal Failure	Post-op
[ ]	Acute Respiratory Failure	Post-op
[ ]	Acute Thromboembolism of Deep Veins of Lower Extremities	Post-op
[ ]	Anemia	Post-op
[ ]	Bacteremia	Post-op
[ ]	Bipolar disorder, unspecified	Post-op
[ ]	Cardiac Arrest	Post-op
[ ]	Cardiac Dysrhythmia	Post-op
[ ]	Cardiogenic Shock	Post-op
[ ]	Decubitus Ulcer	Post-op
[ ]	Dementia in Conditions Classified Elsewhere	Post-op
[ ]	Disorder of Liver	Post-op
[ ]	Electrolyte and Fluid Disorder	Post-op
[ ]	Intestinal Infection due to Clostridium Difficile	Post-op
[ ]	Methicillin Resistant Staphylococcus Aureus Infection	Post-op
[ ]	Obstructive Chronic Bronchitis with Exacerbation	Post-op
[ ]	Other Alteration of Consciousness	Post-op
[ ]	Other and Unspecified Coagulation Defects	Post-op
[ ]	Other Pulmonary Embolism and Infarction	Post-op
[ ]	Phlebitis and Thrombophlebitis	Post-op
[ ]	Protein-calorie Malnutrition	Post-op
[ ]	Psychosis, unspecified psychosis type	Post-op
[ ]	Schizophrenia Disorder	Post-op
[ ]	Sepsis	Post-op
[ ]	Septic Shock	Post-op
[ ]	Septicemia	Post-op
[ ]	Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
[ ]	Urinary Tract Infection, Site Not Specified	Post-op

Elective Outpatient, Observation, or Admission (Single Response)

( ) Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
( ) Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
( ) Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
( ) 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

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

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

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

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

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

Code Status
@CERMSG(674511:)@

[X] Code Status (Single Response)
DNR and Modified Code orders should be placed by the responsible physician.

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

Isolation

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

Precautions

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

Nursing

Vital Signs

[X] Vital signs - T/P/R/BP	Routine, Every 8 hours, Post-op

Activity

[X] Activity as tolerated; up in chair for meals	Routine, Until discontinued, Starting S Specify: Activity as tolerated,Up in chair Additional modifier: for meals Post-op
[ ] Elevate arm above heart on affected side	Routine, Until discontinued, Starting S Specify: Administer no injections or obtain BP readings on mastectomy side/affected side.
[ ] Ambulate	Routine, 3 times daily Specify: Post-op
[ ] Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees If not contraindicated , Post-op

Nursing

[ ] Measure drainage	Routine, Every 8 hours Type of drain: Record output from drain every 8 hours , Post-op
[ ] Intake and Output	Routine, Every 8 hours, Post-op
[ ] Patient education- Drain Care	Routine, Once Patient/Family: Education for: Drain care Post-op

Incision Care

[ ] Patient education on drain care with breast surgery	Routine, Once Patient/Family: Education for:
[ ] Drain care	Routine, Every 8 hours Drain 1: Jackson Pratt Specify location: Drainage/Suction: To Compression (Bulb) Suction Flush drain with: Drain 2: Drain 3: Drain 4: Post-op
[ ] Surgical/incision site care	Routine, As needed Location: Site: Apply: Dressing Type: Open to air? Post-op
[ ] Provide equipment / supplies at bedside	Routine, Once Supplies: 4X4 Gauze,Suture removal kit,Other (specify) Other: 2 inch tape Post-op

Diet

[ ] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op
[ ] Diet- Clear liquid advance as tolerated	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Regular diet Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
[ ] Diet- Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op

IV Fluids

IV Fluids (Single Response)

( ) lactated Ringer's infusion	100 mL/hr, intravenous, continuous, Post-op

Medications

Antibiotics: For Patients LESS than or EQUAL to 120 kg

[X] cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
[ ] cephalexin (KEFLEX) capsule	500 mg, oral, every 8 hours Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:

Antibiotics: For Patients GREATER than 120 kg

[X] cefazolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
[ ] cephalexin (KEFLEX) capsule	500 mg, oral, every 8 hours, Post-op Optional to cover patients until drain is out or 7 days whichever comes first Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:

Mild Pain (Pain Score 1-3)

[ ] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Post-op Allowance for Patient Preference:

Moderate Pain (Pain Score 4-6)

[ ] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	2 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Post-op Allowance for Patient Preference:

Severe Pain (Pain Score 7-10)

[ ] morPHINE injection	4 mg, intravenous, every 1 hour prn, severe pain (score 7-10), Post-op Allowance for Patient Preference:

Antiemetics - HMSL, HMWB Only

[ ]	ondansetron (ZOFRAN) IV or Oral (Selection Required)	**"Or" Linked Panel**
[ ]	ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[ ]	ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[ ]	promethazine (PHENERGAN) IV or Oral or Rectal	**"Or" Linked Panel**
[ ]	promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ]	promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[ ]	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMH, HMSJ, HMW, HMCCH Only

[ ]	ondansetron (ZOFRAN) IV or Oral (Selection Required)	**"Or" Linked Panel**
[ ]	ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[ ]	ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[ ]	promethazine (PHENERGAN) IV or Oral or Rectal	**"Or" Linked Panel**
[ ]	promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ]	promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[ ]	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMCL Only

[ ]	ondansetron (ZOFRAN) IV or Oral (Selection Required)	**"Or" Linked Panel**
[ ]	ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[ ]	ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[ ]	promethazine (PHENERGAN) IVPB or Oral or Rectal	**"Or" Linked Panel**
[ ]	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 (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ]	promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[ ]	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

VTE

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

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

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

[ ] Place sequential compression device (Single Response)

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

( ) LOW Risk of DVT (Selection Required)

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

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

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

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

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

[ ] Moderate Risk (Selection Required)

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

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

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

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

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

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

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

Patient renal status: @CRCL@

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

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

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

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

[ ] Moderate Risk (Selection Required)

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

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

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

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

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

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

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

Patient renal status: @CRCL@

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

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

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

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

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

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

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

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

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

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

[ ] High Risk (Selection Required)

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

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

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

Patient renal status: @CRCL@

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

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

( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

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

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

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

[ ] High Risk (Selection Required)

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

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

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

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

Patient renal status: @CRCL@

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

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

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

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

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

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op

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

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

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

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

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

[ ] High Risk (Selection Required)

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

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

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

( ) Apixaban and Pharmacy Consult (Selection Required)

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

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

Patient renal status: @CRCL@

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

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

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

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

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

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

( ) Rivaroxaban and Pharmacy Consult (Selection Required)

[ ] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[ ] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis

( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

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

DVT Risk and Prophylaxis Tool (Single Response)

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

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

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

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

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

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

( ) LOW Risk of DVT (Selection Required)

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

[ ] Low Risk (Single Response) (Selection Required)	
( ) Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op

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

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

[ ] Moderate Risk (Selection Required)

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

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

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

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

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

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

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

Patient renal status: @CRCL@

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

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

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

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

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

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

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

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

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

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

[ ] Moderate Risk (Selection Required)

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

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

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

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

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

Patient renal status: @CRCL@

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

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

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

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

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

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

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

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

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

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

[ ] High Risk (Selection Required)

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

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

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

Patient renal status: @CRCL@

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

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

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

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

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

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

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

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

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

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

[ ] High Risk (Selection Required)

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

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

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

Patient renal status: @CRCL@

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

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

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

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

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

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

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

[ ] High Risk (Selection Required)

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

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

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

( ) Apixaban and Pharmacy Consult (Selection Required)

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

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

Patient renal status: @CRCL@

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

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

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

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

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

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

Labs

Labs

[ ] CBC with platelet and differential	Once, Post-op
[ ] Partial thromboplastin time	Once, Post-op
[ ] Prothrombin time with INR	Once, Post-op
[ ] Basic metabolic panel	Once, Post-op
[ ] Type and screen	Once, Post-op

Cardiology

Imaging

Other Studies

Respiratory

Respiratory

[X] Incentive spirometry	Routine, Every hour 10 times per hour, Post-op

[ ] Oxygen therapy	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Rate in tenths of a liter per minute: O2 %: Device 2: Device 3: Titrate to keep O2 Sat Above: 90% Indications for O2 therapy: Post-op

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

[ ] Consult to Case Management	Consult Reason: Post-op
[ ] Consult to Social Work	Reason for Consult: Post-op
[ ] Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Post-op
[ ] Consult to PT Wound Care Eval and Treat	Special Instructions: Location of Wound? Post-op
[ ] 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
[ ] Consult to Nutrition Services	Reason For Consult? Purpose/Topic: Post-op
[ ] Consult to Spiritual Care	Reason for consult? Post-op
[ ] Consult to Speech Language Pathology	Routine, Once Reason for consult: Post-op
[ ] Consult to Wound Ostomy Care nurse	Consult for NPWT: Negative pressure wound therapy Pressure (mmHg): Therapy Settings: Intensity: Foam Type: Type of Wound: Post-op, Consult for NPWT.
[ ] Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult: Post-op
[ ] Consult to Respiratory Therapy	Reason for Consult? Post-op

Additional Orders