## 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

1 IMPACT Advanced Decevery	Doubling Daily with models
[] 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

For patients LESS THAN 65 years old:

[] Nursing communication	Routine, Until discontinued, Starting S After extubation, perform bedside swallow evaluation., PACU & Post-op
For patients LESS THAN 65 years old:	
() ERAS Diet and Nutrition for ICU patients	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
[] 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
	Fluid Restriction: Foods to Avoid: soft, PACU & Post-op
	IDDSI Liquid Consistency:
	Advance Diet as Tolerated?
	Diet(s): Easy to digest (GERD) Other Options:
[] Diet - Soft easy to digest	Diet effective now, Starting S
() ERAS Diet and Nutrition for Acute patients	
	on and nourishment); Start or advance diet based on patient's tolerance and
ERAS Diet and Nutrition (Single Response)	1 7.00 d 1 00t op
	formula as appropriate  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
	Fidia Restriction: Foods to Avoid: PACU & Post-op
	IDDSI Liquid Consistency: Fluid Restriction:
	Advance target diet criteria:
	Target Diet: GERD - Easy to Digest diet
	Advance Diet as Tolerated? Yes
	Diet(s): Full Liquids Other Options:
[] Diet - Full Liquids	Diet effective now, Starting S
[] Nursing communication	Routine, Until discontinued, Starting S After extubation, perform bedside swallow evaluation., PACU & Post-op
[] Niveign communication	Recovery nutrition drink as tolerated., PACU & Post-op
	After extubation, Postop day 0, encourage sips of IMPACT Advanced
[] Encourage sips of IMPACT as tolerated	Routine, Until discontinued, Starting S
	with intractable hyperkalemia. Suitable for these diets: lactose intolerance, gluten-free, kosher, halal., PACU & Post-op
	allergy to fish oil, congential milk protein allergy, rare contraindications
	Contraindications: not for individuals with galactosemia deficiency,
	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.
	Can/Bottle Supplements: Impact Advanced Recovery
	Can/Bottle Supplements: Impact Advance Recovery
	Can/Bottle Supplements:
	Can/Bottle Supplements: Can/Bottle Supplements: Impact AR
	Can/Bottle Supplements: Impact Advanced Recovery
	Can/Bottle Supplements: Impact Advanced Recovery
	Number of Cans/Bottles each administration:
[] IMPACT Advanced Recovery	Routine, Daily with meals, Starting S+1 For 5 Days Can/Bottle Supplements: Impact Advanced Recovery
[1   MDACT A -   -   -   -   -   -	Davidina Dally with march Otantian O.4 Fan F.D

[] 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
BRAS Multimodal Pain Medications	
	preemptively manage and control postoperative pain and reduce opioid e clock non-opioid analgesic medications and use opioid only for 4-10)
[] acetaminophen (TYLENOL) (Single Response)	
	luled OR select oral or enteral post-op; Do not exceed 4 gms a day/2 gms
() Acetaminophen oral, per tube or rectal	"Or" Linked Panel
Maximum of 4 grams of acetaminophen per da sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
[] acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
Acetaminophen oral, per tube or rectal - for pacific dysfunction     Maximum of 4 grams of acetaminophen per dasources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
() acetaminophen IV followed by oral	
[] acetaminophen (OFIRMEV) IV	1,000 mg, intravenous, Administer over: 15 Minutes, once, For 1 Doses, PACU & Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
[] acetaminophen (TYLENOL) (Single Respons	
() Acetaminophen oral, per tube or rectal 1000 Maximum of 4 grams of acetaminophen per sources)	o mg "Or" Linked Panel day from all sources. (Cirrhosis patients maximum: 2 grams per day from a
[] 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.

	day from all sources. (Cirrhosis patients maximum: 2 grams per day from
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
[] acetaminophen (TYLENOL) suppository	Use if patient cannot swallow tablet. 650 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses,
	PACU & Post-op Use if patient cannot swallow tablet.
acetaminophen (OFIRMEV) IV	1,000 mg, intravenous, Administer over: 15 Minutes, every 8 hours, For
(RESTRICTED) - for patients that cannot tolerate oral/enteral/rectal	3 Doses, PACU & Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO
	dose when above approved criteria are satisfied:  IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or
	ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
Nonsteroidal Anti-inflammatory Drug (NSAID) (Si Response)	ingle
Select Ketorolac(TORADOL) IV and one oral NS Do not give to patients with Stage IV - V CKD or	AID to follow IV dose OR select one oral NSAID unless contraindicated; AKI; increases risk of GI bleeding
Ketorolac (TORADOL) IV X 24 hours followed b	y oral
ketorolac (TORADOL) IV (Single Response)	51 51000 5 51
( ) ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
( ) ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID
( ) ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
( ) ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID.
<ul> <li>Celecoxib (CELEBREX) OR Ibuprofen (MOTR Naprosyn Sodium (ALEVE) oral/enteral doses Response)</li> </ul>	(Single
() celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op Do not administer to patients with CrCl<30
( ) ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op
( ) ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op
( ) ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU & Post-op
( ) naproxen (NAPROSYN) tablet Ketorolac (TORADOL) IV X 48 hours followed b NSAID	375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op by oral
ketorolac (TORADOL) IV (Single Response)	
() ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
( ) ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID
( ) ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
() ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours, PACU & Post-op

()	
() celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op Do not administer to patients with CrCl<30
() ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU 8 Post-op
() ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+48 Hours, PACU 8 Post-op
() ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+48 Hours, PACU 8 Post-op
() naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+48 Hours, PACU & Post-op
) Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN	N) OR
Naprosyn Sodium (ALEVE) oral/enteral doses (S Response)	Single
() 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 to	olerate gabapentin (NEURONTIN)
mL/min; Give with caution to patients 65 years of	ersists; Need renal dose adjustment; Do not administer if CrCl < 15 age and older
<ul><li>) pregabalin (LYRICA) (Single Response)</li><li>( ) For patients GREATER than 65 years old (Single Response)</li></ul>	gle
Response)	
() pregabalin (LYRICA) capsule 25 mg (CrCl	25 mg, oral, 3 times daily, PACU & Post-op
greater than or equal to 60 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
	administer if CrCl <15 mL/min
() pregabalin (LYRICA) capsule 25 mg (CrCl	25 mg, oral, 2 times daily, PACU & Post-op
30-59 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
	administer if CrCl <15 mL/min
() pregabalin (LYRICA) capsule 25 mg (CrCl	25 mg, oral, at bedtime, PACU & Post-op
15-29 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
() =	administer if CrCl <15 mL/min
() For patients LESS than 65 years old (Single Re	· · · · · · · · · · · · · · · · · · ·
( ) pregabalin (LYRICA) capsule 50 mg (CrCl 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	50 mg, oral, 2 times daily, PACU & Post-op
30-59 mL/min)	
30-59 mL/min)	Contact physician if somnolence or drowsiness persists; Do not
<u> </u>	administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 50 mg (CrCl	administer if CrCl <15 mL/min 50 mg, oral, at bedtime, PACU & Post-op
<u> </u>	administer if CrCl <15 mL/min  50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not
( ) pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)	administer if CrCl <15 mL/min 50 mg, oral, at bedtime, PACU & Post-op
( ) pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)  ) gabapentin (NEURONTIN) (Single Response)	administer if CrCl <15 mL/min 50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)  ) gabapentin (NEURONTIN) (Single Response) ( ) For patients GREATER than 65 years old (Single Response)	administer if CrCl <15 mL/min 50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)  ) gabapentin (NEURONTIN) (Single Response)  ( ) For patients GREATER than 65 years old (Sing Response)	administer if CrCl <15 mL/min  50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)  ) gabapentin (NEURONTIN) (Single Response) ( ) For patients GREATER than 65 years old (Sing Response) ( ) gabapentin (NEURONTIN) capsule 100 mg	administer if CrCl <15 mL/min  50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min  gle  100 mg, oral, 3 times daily, PACU & Post-op
( ) pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)  ) gabapentin (NEURONTIN) (Single Response)  ( ) For patients GREATER than 65 years old (Sing Response)	administer if CrCl <15 mL/min  50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min  gle  100 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not
() pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)  ) gabapentin (NEURONTIN) (Single Response) () For patients GREATER than 65 years old (Sing Response) () gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)	administer if CrCl <15 mL/min  50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min  gle  100 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 15-29 mL/min)  ) gabapentin (NEURONTIN) (Single Response) ( ) For patients GREATER than 65 years old (Sing Response) ( ) gabapentin (NEURONTIN) capsule 100 mg	administer if CrCl <15 mL/min  50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min  100 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min  100 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not Contact physician if somnolence or drowsiness persists; Do not
() pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)  ) gabapentin (NEURONTIN) (Single Response) () For patients GREATER than 65 years old (Sing Response) () gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)  () gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min)	administer if CrCl <15 mL/min  50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min  100 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 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
() pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)  ) gabapentin (NEURONTIN) (Single Response) () For patients GREATER than 65 years old (Sing Response) () gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)  () gabapentin (NEURONTIN) capsule 100 mg	administer if CrCl <15 mL/min  50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min  100 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 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  100 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not Contact physician if somnolence or drowsiness persists; Do not
() pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)  ) gabapentin (NEURONTIN) (Single Response) () For patients GREATER than 65 years old (Sing Response) () gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)  () gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min)  () gabapentin (NEURONTIN) capsule 100 mg (CrCl 15-29 mL/min)	administer if CrCl <15 mL/min  50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min  100 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 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  100 mg, oral, at bedtime, 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)  ) gabapentin (NEURONTIN) (Single Response) ( ) For patients GREATER than 65 years old (Sing Response) ( ) gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)  ( ) gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min)	administer if CrCl <15 mL/min  50 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min  100 mg, oral, 3 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 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  100 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

( ) gabapentin (NEURONTIN) capsule 300 mg (CrCl 30-59 mL/min)	300 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) gabapentin (NEURONTIN) capsule 300 mg (CrCl 15-29 mL/min)	300 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
[] Muscle Relaxant (Single Response)	
() Patients GREATER THAN or EQUAL to 65 year	
[] methocarbamol (ROBAXIN) IV followed by ora	
[] 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 () Patients LESS THAN 65 years old	5 mg, oral, every 12 hours scheduled, PACU & Post-op
<ul><li>[] methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year</li></ul>	
[] 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)	
<ul><li>( ) traMADoL (ULTRAM) tablet - patients with cirrhosis</li></ul>	50 mg, oral, every 12 hours PRN, moderate pain (score 4-6), PACU & Post-op Allowance for Patient Preference:
( ) traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), PACU &
() trainiabol (OLTIVAINI) tablet	Post-op Allowance for Patient Preference:
[] For severe breakthrough pain (pain score 7-10)	7 HIGH WALLOO FOLL F WILLS IN 1 FOLK FINES
[] oxyCODone (ROXICODONE) IR - patients LESS than 65 years old	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU & Post-op
I am CODONE (DOVICODONE) ID nationto	Allowance for Patient Preference:
<ul><li>[] oxyCODONE (ROXICODONE) IR - patients 65 years old and greater</li></ul>	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU & Post-op Allowance for Patient Preference:
[] traMADol (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU & Post-op
	Allowance for Patient Preference:
[] hydromorPHONE (DILAUDID) injection	<ul><li>0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10),</li><li>PACU &amp; Post-op</li><li>IF unable to tolerate oral intake</li></ul>
RAS Postop Diet/Nutrition and Mutimodal Pain Me	
ERAS Diet and Nutrition (Single Response)	
	d nourishment); Start or advance diet based on patient's tolerance and
() ERAS Diet and Nutrition for Acute patients	

[] Diet - Soft easy to digest	Diet effective now, Starting S Diet(s): Easy to digest (GERD) Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: soft, PACU & Post-op
[] Chew Gum	Routine, Until discontinued, Starting S Chew gum 3 times a day (for at least 30 minutes each time) beginning evening of POD # 0., PACU & Post-op
( ) ERAS Diet and Nutrition for ICU patients For patients LESS THAN 65 years old:	
[] Nursing communication	Routine, Until discontinued, Starting S After extubation, perform bedside swallow evaluation., PACU & Post-op
[] Diet - Full Liquids	Diet effective now, Starting S 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 (hydratio disease state	n and nourishment); Start or advance diet based on patient's tolerance and
() ERAS Diet and Nutrition for Acute patients	
[] IMPACT Advanced Recovery	Routine, Daily with meals Can/Bottle Supplements: Impact Advanced Recovery Number of Cans/Bottles each administration: Can/Bottle Supplements: Impact Advanced Recovery Can/Bottle Supplements: Can/Bottle Supplements: Can/Bottle Supplements: Impact AR Can/Bottle Supplements: Can/Bottle Supplements: Impact Advance Recovery Can/Bottle Supplements: Impact Advanced Recovery IMPACT Advanced Recovery. Drink 1 carton (6 oz/180 mL) by mouth 2 (two) times daily with meals starting postoperative day 1 for 15 doses. Contraindications: not for individuals with galactosemia deficiency, allergy to fish oil, congential milk protein allergy, rare contraindications with intractable hyperkalemia. Suitable for these diets: lactose intolerance, gluten-free, kosher, halal., PACU & Post-op
[] Encourage sips of IMPACT as tolerated	Routine, Until discontinued, Starting S Postop day 0 encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated., PACU & Post-op
[] Diet - Soft easy to digest  [] Consult to Nutrition Services	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 Reason For Consult? Other (Specify)
[] Consult to Nutrition Services	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
() ERAS Diet and Nutrition for ICU patients	evening of POD # 0., PACU & Post-op
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: Impact AR Can/Bottle Supplements: Impact AR Can/Bottle Supplements: Impact Advance Recovery 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
[] Encourage sips of IMPACT as tolerated	intolerance, gluten-free, kosher, halal., PACU & Post-op Routine, Until discontinued, Starting S After extubation, Postop day 0, encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated., PACU & Post-op
[] Nursing communication	Routine, Until discontinued, Starting S After extubation, perform bedside swallow evaluation., PACU & Post-op
[] Diet - Full Liquids	Diet effective now, Starting S Diet(s): Full Liquids Other Options: Advance Diet as Tolerated? Yes Target Diet: GERD - Easy to Digest diet Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op
[] Consult to Nutrition Services	Reason For Consult? Other (Specify) Specify: ERAS Purpose/Topic: RD to manage ERAS nutrition including post-op Impact formula as appropriate PACU & Post-op
[] ERAS Multimodal Pain Medications	
use. Select a combination of scheduled around the moderate to severe breakthrough pain (pain score acetaminophen (TYLENOL) (Single Response)	
() Acetaminophen oral, per tube or rectal	"Or" Linked Panel
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op
[] acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, For 3 Doses, PACU & Post-op Use if patient cannot swallow tablet.
() Acetaminophen oral, per tube or rectal - for pa cirrhosis or severe hepatic dysfunction	

[] 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	
Maximum of 4 grams of acetaminophen per sources)	day from all sources. (Cirrhosis patients maximum: 2 grams per day from
[] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op
[] acetaminophen (TYLENOL)suspension	1,000 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	975 mg, rectal, every 8 hours, Starting H+8 Hours, For 2 Doses, PACU & Post-op Use if patient cannot swallow tablet.
() Acotaminaphan aral par tuba ar rootal 650 r	·
<ul> <li>Acetaminophen oral, per tube or rectal 650 r patients with cirrhosis or severe hepatic dyst</li> </ul>	U .
Maximum of 4 grams of acetaminophen per sources)  [] acetaminophen (TYLENOL) tablet	day from all sources. (Cirrhosis patients maximum: 2 grams per day from 650 mg, oral, every 8 hours, Starting H+8 Hours, For 2 Doses,
[] acetaminophen (TYLENOL)suspension	PACU & Post-op 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
acataminanhan (OEIDME\/) IV	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) (SResponse)	Single
Select Ketorolac(TORADOL) IV and one oral NS Do not give to patients with Stage IV - V CKD or	SAID to follow IV dose OR select one oral NSAID unless contraindicated; AKI; increases risk of GI bleeding
Ketorolac (TORADOL) IV X 24 hours followed NSAID	by oral
] ketorolac (TORADOL) IV (Single Response)	
()   (   (TOBABOL) 45	15 mg, intravenous, every 6 hours, PACU & Post-op
( ) ketorolac (TORADOL) 15 mg IV Q6H  ( ) ketorolac (TORADOL) 15 mg IV Q8H	Then switch to oral NSAID  15 mg, intravenous, every 8 hours, PACU & Post-op

() ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
( ) ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID.
[] Celecoxib (CELEBREX) OR Ibuprofen (MOTR	RIN) OR
Naprosyn Sodium (ALEVE) oral/enteral doses	
Response)	
() celecoxib (CeleBREX) 200 mg	200 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op Do not administer to patients with CrCl<30
() ibuprofen (ADVIL) 400 mg	400 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op
() ibuprofen (ADVIL) 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, PACU & Post-op
() ibuprofen (ADVIL) 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU & Post-op
( ) naproxen (NAPROSYN) tablet	375 mg, oral, 2 times daily, Starting H+24 Hours, PACU & Post-op
( ) Ketorolac (TORADOL) IV X 48 hours followed by NSAID	· · · · · · · · · · · · · · · · · · ·
[] ketorolac (TORADOL) IV (Single Response)	
	15 mg intravangue avery 6 hours DACLL® Doct on
( ) ketorolac (TORADOL) 15 mg IV Q6H	15 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
( ) ketorolac (TORADOL) 15 mg IV Q8H	15 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID
() ketorolac (TORADOL) 30 mg IV Q6H	30 mg, intravenous, every 6 hours, PACU & Post-op Then switch to oral NSAID
() ketorolac (TORADOL) 30 mg IV Q8H	30 mg, intravenous, every 8 hours, PACU & Post-op Then switch to oral NSAID.
[] Celecoxib (CELEBREX) OR Ibuprofen (MOTR	RIN) OR
Naprosyn Sodium (ALEVE) oral/enteral doses	· ·
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 (MOTRI	N) OR
Naprosyn Sodium (ALEVE) oral/enteral doses ( Response)	Single
() celecoxib (CeleBREX) 200 mg	
() GOLOGAID (GOLOBITEA) 200 mg	200 mg, oral, 2 times daily, PACU & Post-op Do not administer to patients with CrCl<30
	Do not administer to patients with CrCl<30
() ibuprofen (ADVIL) 400 mg	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled, PACU & Post-op
( ) ibuprofen (ADVIL) 400 mg ( ) ibuprofen (ADVIL) 600 mg	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled, PACU & Post-op 600 mg, oral, every 6 hours scheduled, PACU & Post-op
( ) ibuprofen (ADVIL) 400 mg ( ) ibuprofen (ADVIL) 600 mg ( ) ibuprofen (ADVIL) 800 mg	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled, PACU & Post-op 600 mg, oral, every 6 hours scheduled, PACU & Post-op 800 mg, oral, every 8 hours scheduled, PACU & Post-op
( ) ibuprofen (ADVIL) 400 mg ( ) ibuprofen (ADVIL) 600 mg ( ) ibuprofen (ADVIL) 800 mg ( ) naproxen (NAPROSYN) tablet	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled, PACU & Post-op 600 mg, oral, every 6 hours scheduled, PACU & Post-op
( ) ibuprofen (ADVIL) 400 mg ( ) ibuprofen (ADVIL) 600 mg ( ) ibuprofen (ADVIL) 800 mg ( ) naproxen (NAPROSYN) tablet ] Gabapentinoids (Single Response)	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled, PACU & Post-op 600 mg, oral, every 6 hours scheduled, PACU & Post-op 800 mg, oral, every 8 hours scheduled, PACU & Post-op 375 mg, oral, 2 times daily, PACU & Post-op
( ) ibuprofen (ADVIL) 400 mg ( ) ibuprofen (ADVIL) 600 mg ( ) ibuprofen (ADVIL) 800 mg ( ) naproxen (NAPROSYN) tablet ] Gabapentinoids (Single Response) Consider pregabalin (LYRICA) only if unable to t	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled, PACU & Post-op 600 mg, oral, every 6 hours scheduled, PACU & Post-op 800 mg, oral, every 8 hours scheduled, PACU & Post-op 375 mg, oral, 2 times daily, PACU & Post-op olerate gabapentin (NEURONTIN) persists; Need renal dose adjustment; Do not administer if CrCl < 15
( ) ibuprofen (ADVIL) 400 mg ( ) ibuprofen (ADVIL) 600 mg ( ) ibuprofen (ADVIL) 800 mg ( ) naproxen (NAPROSYN) tablet ] Gabapentinoids (Single Response) Consider pregabalin (LYRICA) only if unable to to Contact physician if somnolence or drowsiness page 1.	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled, PACU & Post-op 600 mg, oral, every 6 hours scheduled, PACU & Post-op 800 mg, oral, every 8 hours scheduled, PACU & Post-op 375 mg, oral, 2 times daily, PACU & Post-op olerate gabapentin (NEURONTIN) persists; Need renal dose adjustment; Do not administer if CrCl < 15
() ibuprofen (ADVIL) 400 mg () ibuprofen (ADVIL) 600 mg () ibuprofen (ADVIL) 800 mg () naproxen (NAPROSYN) tablet ] Gabapentinoids (Single Response) Consider pregabalin (LYRICA) only if unable to to the Contact physician if somnolence or drowsiness pull/min; Give with caution to patients 65 years of the contact physician if somnolence or drowsiness pull/min; Give with caution to patients 65 years of the contact physician if somnolence or drowsiness pull/min; Give with caution to patients 65 years of the contact physician in the contact physician if somnolence or drowsiness pull/min; Give with caution to patients 65 years of the contact physician in the contact p	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled, PACU & Post-op 600 mg, oral, every 6 hours scheduled, PACU & Post-op 800 mg, oral, every 8 hours scheduled, PACU & Post-op 375 mg, oral, 2 times daily, PACU & Post-op olerate gabapentin (NEURONTIN) persists; Need renal dose adjustment; Do not administer if CrCl < 15 f age and older
( ) ibuprofen (ADVIL) 400 mg ( ) ibuprofen (ADVIL) 600 mg ( ) ibuprofen (ADVIL) 800 mg ( ) naproxen (NAPROSYN) tablet ] Gabapentinoids (Single Response) Consider pregabalin (LYRICA) only if unable to to Contact physician if somnolence or drowsiness pmL/min; Give with caution to patients 65 years of ( ) pregabalin (LYRICA) (Single Response) ( ) For patients GREATER than 65 years old (Single Response)	Do not administer to patients with CrCl<30 400 mg, oral, every 6 hours scheduled, PACU & Post-op 600 mg, oral, every 6 hours scheduled, PACU & Post-op 800 mg, oral, every 8 hours scheduled, PACU & Post-op 375 mg, oral, 2 times daily, PACU & Post-op olerate gabapentin (NEURONTIN) persists; Need renal dose adjustment; Do not administer if CrCl < 15 f age and older

( ) 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 F	
() pregabalin (LYRICA) capsule 50 mg (CrCl	50 mg, oral, 3 times daily, PACU & Post-op
greater than or equal to 60 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) pregabalin (LYRICA) capsule 50 mg (CrCl 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 (Sir Response)	ngle
() 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 F	Response)
() gabapentin (NEURONTIN) capsule 300 mg	300 mg, oral, 3 times daily, PACU & Post-op
(CrCl greater than or equal to 60 mL/min)	Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
( ) gabapentin (NEURONTIN) capsule 300 mg (CrCl 30-59 mL/min)	300 mg, oral, 2 times daily, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
() gabapentin (NEURONTIN) capsule 300 mg (CrCl 15-29 mL/min)	300 mg, oral, at bedtime, PACU & Post-op Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
] Muscle Relaxant (Single Response)	
() Patients GREATER THAN or EQUAL to 65 year	ars old
[] methocarbamol (ROBAXIN) IV followed by ora	al
[] 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 8 Post-op
[] cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 12 hours scheduled, PACU & Post-op
() Patients LESS THAN 65 years old	
[] methocarbamol (ROBAXIN) IV followed by ora patients GREATER than or EQUAL to 65 year	
[] methocarbamol (ROBAXIN) IVPB	500 mg, intravenous, Administer over: 60 Minutes, every 8 hours scheduled, For 3 Doses, PACU & Post-op
[] methocarbamol (ROBAXIN) tablet	750 mg, oral, every 8 hours scheduled, Starting H+24 Hours, PACU & Post-op
[] cyclobenzaprine (FLEXERIL) tablet ] lidocaine (LIDODERM) patch	5 mg, oral, 3 times daily, PACU & Post-op
[] 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 8 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

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

( ) Elective outpatient procedure: Discharge following	Routine, Continuous, PACU & Post-op
routine recovery  ( ) Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
oupor violon	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:
() Admit to Inpatient	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
	PACU & Post-op
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition: Bed request comments:
	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:
() Admit to inpatient	Admitting Physician: Level of Care:
( ) Admit to inpatient	
() Admit to inpatient	Level of Care: Patient Condition: Bed request comments:
() Admit to inpatient	Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment
() Admit to inpatient	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
() Admit to inpatient	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
() Admit to inpatient	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.
	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
() Admit to inpatient  () Transfer patient	Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op Level of Care:
	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 (Single Response) Patient has active inpatient status order on file		
() Transfer patient	Level of Bed req Schedul	uest comments:
() Return to previous bed		Until discontinued, Starting S, Scheduling/ADT
Code Status @CERMSG(674511:)@		
[X] Code Status (Single Response)  DNR and Modified Code orders should be place	by the responsible p	physician.
() Full code	Code Status decis Post-op	ion reached by:
() DNR (Do Not Resuscitate) (Selection Require	)	
[] DNR (Do Not Resuscitate)	Did the patient/su	rrogate require the use of an interpreter? rrogate require the use of an interpreter? e decision-making capacity?
[] Consult to Palliative Care Service		
[] Consult to Palliative Care Service	Priority: Reason for Con Order? Name of referrir Enter call back r	ng provider:
[] Consult to Social Work	Reason for Cons Post-op	ult:
() Modified Code	Did the patient/sur	rogate require the use of an interpreter? rogate require the use of an interpreter? decision-making capacity? trictions:
[] Treatment Restrictions ((For use when a patient in a cardiopulmonary arrest))	arrest, tl understa treatmei Treatme	tand that if the patient is NOT in a cardiopulmonary ne selected treatments will NOT be provided. I and that all other unselected medically indicated nts will be provided.  Int Restriction decision reached by: Treatment Restrictions:
Isolation		
[ ] Airborne isolation status		
Airborne isolation status     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  Enteric isolation status	Details Details	
Precautions	Dotails	
	Dest	
Aspiration precautions     Fall precautions	Post-op Increase Post-op	ed observation level needed:
[] Latex precautions	Post-op	
[] Seizure precautions	Increase Post-op	ed observation level needed:

Vital Signs	
[X] Vital signs - T/P/R/BP	Routine, Every 8 hours, Post-op
•	Routine, Every o nours, r ost-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
Blevate arm above heart on affected side	Routine, Until discontinued, Starting S
. 1 Lievate ann above neart on aneolea side	Specify:
	Administer no injections or obtain BP readings on mastecton
	side/affected side.
[] Ambulate	Routine, 3 times daily
	Specify:
[] Head of head 20 decrees	Post-op
[] Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees
	If not contraindicated , Post-op
	ii not contrainaicated , i cot 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
Dratient education- Drain Care	Routine, Once
	Patient/Family: Education for: Drain care
	Post-op
	1 001 00
ncision Care	1 oot op
Incision Care	
Incision Care  [] Patient education on drain care with breast surgery	Routine, Once
Patient education on drain care with breast surgery	Routine, Once Patient/Family:
[] Patient education on drain care with breast surgery	Routine, Once Patient/Family: Education for: Routine, Every 8 hours Drain 1: Jackson Pratt
Patient education on drain care with breast surgery	Routine, Once Patient/Family: Education for: Routine, Every 8 hours Drain 1: Jackson Pratt Specify location:
Patient education on drain care with breast surgery	Routine, Once Patient/Family: Education for: Routine, Every 8 hours Drain 1: Jackson Pratt Specify location: Drainage/Suction: To Compression (Bulb) Suction
Patient education on drain care with breast surgery	Routine, Once Patient/Family: Education for: Routine, Every 8 hours Drain 1: Jackson Pratt Specify location: Drainage/Suction: To Compression (Bulb) Suction Flush drain with:
Patient education on drain care with breast surgery	Routine, Once Patient/Family: Education for: Routine, Every 8 hours Drain 1: Jackson Pratt Specify location: Drainage/Suction: To Compression (Bulb) Suction Flush drain with: Drain 2:
Patient education on drain care with breast surgery	Routine, Once Patient/Family: Education for: Routine, Every 8 hours Drain 1: Jackson Pratt Specify location: Drainage/Suction: To Compression (Bulb) Suction Flush drain with:
Patient education on drain care with breast surgery	Routine, Once Patient/Family: Education for:  Routine, Every 8 hours Drain 1: Jackson Pratt Specify location: Drainage/Suction: To Compression (Bulb) Suction Flush drain with: Drain 2: Drain 3:
Patient education on drain care with breast surgery  Drain care	Routine, Once Patient/Family: Education for:  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 Routine, As needed
Patient education on drain care with breast surgery  Drain care	Routine, Once Patient/Family: Education for:  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  Routine, As needed Location:
Patient education on drain care with breast surgery	Routine, Once Patient/Family: Education for:  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  Routine, As needed Location: Site:
Patient education on drain care with breast surgery	Routine, Once Patient/Family: Education for:  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  Routine, As needed Location: Site: Apply:
Patient education on drain care with breast surgery	Routine, Once Patient/Family: Education for:  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  Routine, As needed Location: Site: Apply: Dressing Type:
Patient education on drain care with breast surgery	Routine, Once Patient/Family: Education for:  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  Routine, As needed Location: Site: Apply: Dressing Type: Open to air?
Patient education on drain care with breast surgery  Drain care  Surgical/incision site care	Routine, Once Patient/Family: Education for:  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  Routine, As needed Location: Site: Apply: Dressing Type:
Patient education on drain care with breast surgery	Routine, Once Patient/Family: Education for:  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  Routine, As needed Location: Site: Apply: Dressing Type: Open to air? Post-op
Patient education on drain care with breast surgery  Drain care  Surgical/incision site care	Routine, Once Patient/Family: Education for:  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  Routine, As needed Location: Site: Apply: Dressing Type: Open to air? Post-op  Routine, Once

Severe Pain (Pain Score 7-10)	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
tablet	Post-op Allowance for Patient Preference:
Mild Pain (Pain Score 1-3)  [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3),
	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:
kg [] cephalexin (KEFLEX) capsule	Reason for Therapy: Surgical Prophylaxis  500 mg, oral, every 8 hours, Post-op Optional to cover patients until drain is out or 7 days
Antibiotics: For Patients GREATER than 120 kg  [X] cefazolin (ANCEF) IV - For Patients GREATER than 120	3 g, intravenous, once, For 1 Doses, Post-op
[] 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 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
Medications  Artificial For Patients LESS there are FOUND to 400 less	
() lactated Ringer's infusion	100 mL/hr, intravenous, continuous, Post-op
IV Fluids (Single Response)	
IV Fluids	
	Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
Diet- Regular	Foods to Avoid: Post-op 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:
Diet- Clear liquid advance as tolerated	Pre-Operative fasting options: An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op Diet effective now, Starting S
[] NPO	Diet effective now, Starting S NPO:

#### Antiemetics - HMSL, HMWB Only

ondansetron (ZOFRAN) IV or Oral (Selection Rec	· /
[] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[] 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
1	action is required.
promethazine (PHENERGAN) IV or Oral or Recta	
[] 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 tolerat 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  1. ondensetron (ZOERAN) IV or Oral (Selection Rec	uuired) "Or" Linked Panel
Antiemetics - HMH, HMSJ, HMW, HMCCH Only  ] ondansetron (ZOFRAN) IV or Oral (Selection Rec	quired) "Or" Linked Panel
ondansetron (ZOFRAN) IV or Oral (Selection Red ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
ondansetron (ZOFRAN) IV or Oral (Selection Rec 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) IV or Oral (Selection Red ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication. 4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op
ondansetron (ZOFRAN) IV or Oral (Selection Rec 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. 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
ondansetron (ZOFRAN) IV or Oral (Selection Red ondansetron ODT (ZOFRAN-ODT) disintegrating tablet  ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.  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.
ondansetron (ZOFRAN) IV or Oral (Selection Red ondansetron ODT (ZOFRAN-ODT) disintegrating tablet ondansetron (ZOFRAN) 4 mg/2 mL injection promethazine (PHENERGAN) IV or Oral or Rectal	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.  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.  "Or" Linked Panel
ondansetron (ZOFRAN) IV or Oral (Selection Red ondansetron ODT (ZOFRAN-ODT) disintegrating tablet  ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.  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.  1 "Or" Linked Panel  12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op
ondansetron (ZOFRAN) IV or Oral (Selection Red ondansetron ODT (ZOFRAN-ODT) disintegrating tablet ondansetron (ZOFRAN) 4 mg/2 mL injection promethazine (PHENERGAN) IV or Oral or Rectal	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.  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.  "Or" Linked Panel  12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
ondansetron (ZOFRAN) IV or Oral (Selection Red on ondansetron ODT (ZOFRAN-ODT) disintegrating tablet  ondansetron (ZOFRAN) 4 mg/2 mL injection  promethazine (PHENERGAN) IV or Oral or Rectal promethazine (PHENERGAN) 12.5 mg IV	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.  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.  I "Or" Linked Panel  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.
ondansetron (ZOFRAN) IV or Oral (Selection Red ondansetron ODT (ZOFRAN-ODT) disintegrating tablet ondansetron (ZOFRAN) 4 mg/2 mL injection promethazine (PHENERGAN) IV or Oral or Rectal	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.  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.  I "Or" Linked Panel  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 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op
ondansetron (ZOFRAN) IV or Oral (Selection Red on ondansetron ODT (ZOFRAN-ODT) disintegrating tablet  ondansetron (ZOFRAN) 4 mg/2 mL injection  promethazine (PHENERGAN) IV or Oral or Rectal promethazine (PHENERGAN) 12.5 mg IV	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.  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.  1 "Or" Linked Panel  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 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 or rectal medication or tolerate oral or rectal medication or tolerate oral or rectal medication or in a faster onset of action is required to the control of the cont
ondansetron (ZOFRAN) IV or Oral (Selection Red ondansetron ODT (ZOFRAN-ODT) disintegrating tablet ondansetron (ZOFRAN) 4 mg/2 mL injection  promethazine (PHENERGAN) IV or Oral or Rectal promethazine (PHENERGAN) 12.5 mg IV  promethazine (PHENERGAN) tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.  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.  10 "Or" Linked Panel  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 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.
ondansetron (ZOFRAN) IV or Oral (Selection Red on ondansetron ODT (ZOFRAN-ODT) disintegrating tablet  ondansetron (ZOFRAN) 4 mg/2 mL injection  promethazine (PHENERGAN) IV or Oral or Rectal promethazine (PHENERGAN) 12.5 mg IV	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.  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.  1 "Or" Linked Panel  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 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolera oral medication.  12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op
ondansetron (ZOFRAN) IV or Oral (Selection Red ondansetron ODT (ZOFRAN-ODT) disintegrating tablet ondansetron (ZOFRAN) 4 mg/2 mL injection  promethazine (PHENERGAN) IV or Oral or Rectal promethazine (PHENERGAN) 12.5 mg IV  promethazine (PHENERGAN) tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.  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.  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 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.  12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
ondansetron (ZOFRAN) IV or Oral (Selection Red ondansetron ODT (ZOFRAN-ODT) disintegrating tablet ondansetron (ZOFRAN) 4 mg/2 mL injection  promethazine (PHENERGAN) IV or Oral or Rectal promethazine (PHENERGAN) 12.5 mg IV  promethazine (PHENERGAN) tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.  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.  1 "Or" Linked Panel  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 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolera oral medication.  12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op
ondansetron (ZOFRAN) IV or Oral (Selection Red I) ondansetron ODT (ZOFRAN-ODT) disintegrating tablet ondansetron (ZOFRAN) 4 mg/2 mL injection  promethazine (PHENERGAN) IV or Oral or Recta promethazine (PHENERGAN) 12.5 mg IV  promethazine (PHENERGAN) tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.  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 action is required.  I "Or" Linked Panel  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 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolera oral medication.  12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to

[]_0	ondansetron (ZOFRAN) IV or Oral (Selection Red	quired)   "Or" Linked Panel
[]	ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
	disintegrating tablet	Give if patient is able to tolerate oral medication.
[]	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.
[] p	romethazine (PHENERGAN) IVPB or Oral or Re	ectal "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 therapeu anticoagulant or VTE prophylaxis with Risk Strati	
(Single Response) (Selection Required)	
<ul> <li>Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis ( Required)</li> </ul>	
Moderate risk of VTE	Routine, Once, PACU & Post-op
<u> </u>	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[1] Disconsequential communication device (Cingle	PACU & Post-op
Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) Moderate Risk - Patient currently has an active	
therapeutic anticoagulant or VTE prophylaxis ( Required)	Selection
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriylaxio	contraindication(s):
	PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) High Risk - Patient currently has an active order	er for
therapeutic anticoagulant or VTE prophylaxis (	
Required)	,
High risk of VTE	Routine, Once, PACU & Post-op
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
propriyidatio	Therapy for the following:
	PACU & Post-op
1 Diago acquential compression device (Single	· · · · · · · · · · · · · · · · · · ·
Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
(1) The state of t	PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) High Risk - Patient currently has an active order	
therapeutic anticoagulant or VTE prophylaxis ( Required)	Selection
[] High risk of VTE	Routine, Once, PACU & Post-op
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
propriyianio	Therapy for the following:
	Thorapy for the following.
	PACU & Post-op

() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fa	actors
Description [ ] Low Risk (Single Response) (Selection Requirements)	
() 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 R	· · · · · · · · · · · · · · · · · · ·
Moderate Risk Definition	
contraindicated.	Mechanical prophylaxis is optional unless pharmacologic is
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line	
History of DVT or family history of VTE	
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou	urs
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory	urs
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy	urs
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory	urs
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	urs
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou 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)	
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou 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
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou 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 [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required)	Routine, Once, PACU & Post-op Surgical
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou 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 [] Moderate Risk Pharmacological Prophylaxis -	Routine, Once, PACU & Post-op Surgical
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou 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 [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro	Routine, Once, PACU & Post-op Surgical d) Ophylaxis "And" Linked Panel  Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou 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 [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op Surgical d) phylaxis "And" Linked Panel  Routine, Once No pharmacologic VTE prophylaxis due to the following
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou 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 [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis  [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro	Routine, Once, PACU & Post-op Surgical d) ophylaxis "And" Linked Panel  Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou 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 [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis  [] Place/Maintain sequential compression device continuous	Routine, Once, PACU & Post-op Surgical d) ophylaxis "And" Linked Panel  Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op

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

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

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
<ul> <li>Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)</li> </ul>	ion
Contraindications exist for pharmacologic prop Order Sequential compression device	hylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	hylaxis "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 Resp (Selection Required)	ponse)
Patient renal status: @CRCL@	
Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa	arin 40mg every 12 hours
<ul><li>() For CrCl LESS than 30mL/min - enoxaparin ( subcutaneous Daily at 1700</li></ul>	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
( ) For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended 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:
<ul><li>[] Mechanical Prophylaxis (Single Response) (Sel Required)</li></ul>	ection

() Contraindications exist for mechanical prophylaxis	Routine, Once  No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
HIGH Risk of DVT - Surgical (Selection Required	
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin var or protein S deficiency; hyperhomocysteinemia; r Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required)	Doubles Once DACIL 9 Doubles
<ul><li>[] High risk of VTE</li><li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li></ul>	Routine, Once, PACU & Post-op ical Patient
	Routine, Once
() Contraindications exist for pharmacologic prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
``	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op

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

	(1.01/F)10.10
() 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.

continued, Starting S  VTE prophylaxis due to the following contraindication(s): p  uous, PACU & Post-op  ed.  cardiolipin antibody syndrome; antithrombin, protein C isorders)
VTE prophylaxis due to the following contraindication(s): p uous, PACU & Post-op ed. cardiolipin antibody syndrome; antithrombin, protein C
puous, PACU & Post-op ed. cardiolipin antibody syndrome; antithrombin, protein C
puous, PACU & Post-op ed. cardiolipin antibody syndrome; antithrombin, protein C
puous, PACU & Post-op ed. cardiolipin antibody syndrome; antithrombin, protein C
uous, PACU & Post-op ed. cardiolipin antibody syndrome; antithrombin, protein C
cardiolipin antibody syndrome; antithrombin, protein C
cardiolipin antibody syndrome; antithrombin, protein C
cardiolipin antibody syndrome; antithrombin, protein C
PACU & Post-op
·
gic VTE prophylaxis due to the following (s): p
enoxaparin orders will apply the following recommended
2 hours
∠ nours
utaneous, daily at 1700, PACU & Post-op
utaneous, daily at 1700, PACU & Post-op
utaneous, daily at 1700, PACU & Post-op
bcı (s):

` '	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:
	lechanical Prophylaxis (Single Response) (Sele Lequired)	ection
` '	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
` '	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
	H Risk of DVT - Surgical (Hip/Knee) (Selection uired)	

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
<ul> <li>[] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respont (Selection Required)</li> </ul>	
() 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 Recognition (Selection Required)	sponse)
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 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) (Sele Required)	ection
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
DVT Risk and Prophylaxis Tool (Single Response)	
( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)	
() Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Se Required)	
Moderate risk of VTE     Patient currently has an active order for	Routine, Once, PACU & Post-op  Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following: PACU & Post-op
Place sequential compression device (Single R	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (\$ Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
propriyiaxis	Therapy for the following:
	PACU & Post-op
[1] Discourse (fallocorres) at la factorial	
Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() High Risk - Patient currently has an active orde	r for
therapeutic anticoagulant or VTE prophylaxis (\$	
	Delection
Required)	Douting Once DACII & Doct on
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single	· · · · · ·
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() High Risk - Patient currently has an active orde	r for
therapeutic anticoagulant or VTE prophylaxis (\$	Selection
Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
1 -1 7	Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single	· · · · · · · · · · · · · · · · · · ·
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
) LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fac	ctors
[] Low Risk (Single Response) (Selection Require	ed)
() 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 Rick of DVT - Surgical (Salaction Re	aguired)

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - Su Patient (Single Response) (Selection Required)	urgical
() Contraindications exist for pharmacologic proph BUT order Sequential compression device	nylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic proph AND mechanical prophylaxis	nylaxis "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 Responsible (Selection Required)	onse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUA doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa	AL to 30mL/min, enoxaparin orders will apply the following recommended rin 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (L subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
<ul> <li>For CrCl GREATER than or EQUAL TO 30 ml enoxaparin (LOVENOX) subcutaneous</li> </ul>	L/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, 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) (Sele Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<ul> <li>MODERATE Risk of DVT - Non-Surgical (Selection Required)</li> </ul>	

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)	tion
<ul> <li>Contraindications exist for pharmacologic prop Order Sequential compression device</li> </ul>	ohylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):  PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

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

1 Lligh Diak (Colontian Degreised)	
High Risk (Selection Required)	Politing Once DACIL's Dept on
[] High risk of VTE ] High Risk Pharmacological Prophylaxis - Surgi	Routine, Once, PACU & Post-op
<ul> <li>High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)</li> </ul>	ical Patient
( ) Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
propriyitatio	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	•
(Selection Required)	(F - 1 2.)
Patient renal status: @CRCL@	
	UAL 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 hou	
GREATER THAN or EQUAL to 140kg enoxal	parin 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin	(LOVENOX)
subcutaneous Daily at 1700	(25 / 21 / 5 / 7)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op
[] Shokapami (20 v2ivox) injection	Indication(s):
() For CrCl GREATER than or EQUAL TO 30	· ,
enoxaparin (LOVENOX) subcutaneous	··· <del>·</del> ·····
[] 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g.	Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS
	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU &
with weight GREATER than 100 kg	Post-op
	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
( ) warfarin (COUMADIN) tablet     ( ) Pharmacy consult to manage warfarin	For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1, PACU & Post-op Indication: STAT, Until discontinued, Starting S

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Required)

Mechanical Prophylaxis (Single Response) (Selection

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

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	d)
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	sponse)
(Selection Required)	
Patient renal status: @CRCL@	

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxaparin	(LOVENOX)
subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
( ) For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients 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)		
	Pouting Once	
<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op	
() HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	n	
Required)		
High Risk Definition		
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C	
Multiple major traumas		
Abdominal or pelvic surgery for CANCER		
Acute ischemic stroke		
History of PE		
Thistory of FL		
[] 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	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op	
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op	
() Apixaban and Pharmacy Consult (Selection R	0	
`	,	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis	
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S	
(ELIQUIS) therapy	Indications: VTE prophylaxis	
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)	
Patient renal status: @CRCL@		
For patients with CrCl GREATER than or EQL doses by weight: Weight Dose	JAL to 30mL/min, enoxaparin orders will apply the following recommended	
LESS THAN 100kg enoxaparin 40mg daily		
100 to 139kg enoxaparin 30mg every 12 hour	S	
GREATER THAN or EQUAL to 140kg enoxap	arin 40mg every 12 hours	
() F 0 0H F00 # 00 11 1	(I O) (TNO)()	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700		
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):	
() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous	nL/min -	
enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op	
, , , , , , , , , , , , , , , , , , , ,	Indication(s):	

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history 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	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
(XARELTO) therapy () warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	lection
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
Labs	
Labs	
[] CBC with platelet and differential	Once, Post-op
Partial thromboplastin time     Prothrombin time with INR	Once, Post on
Basic metabolic panel	Once, Post-op 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

<b>Ancillary C</b>	onsults
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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: Reason for consult: Post-op
[] Consult to Respiratory Therapy	Reason for Consult? Post-op

## **Additional Orders**