# Enhanced Recovery Pathway Colorectal Surgery Post-Op [2156]

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Septic Shock Septicemia Post-op Post-op Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled Urinary Tract Infection, Site Not Specified Post-op  ective Outpatient, Observation, or Admission (Single Response)  Elective outpatient procedure: Discharge following routine recovery Outpatient observation services under general supervision  Outpatient in a bed - extended recovery  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: Certification: I certify that based on my best clinical judgme 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.	Ī	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Septicemia  Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled  Urinary Tract Infection, Site Not Specified  Post-op  ective Outpatient, Observation, or Admission (Single Response)  Elective outpatient procedure: Discharge following routine recovery  Outpatient observation services under general supervision  Outpatient in a bed - extended recovery  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: Certification: I certify that based on my best clinical judgme 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.	Ī	•	· · · · · · · · · · · · · · · · · · ·
Mention of Complication, Not Stated as Uncontrolled  Urinary Tract Infection, Site Not Specified Post-op  ective Outpatient, Observation, or Admission (Single Response)  Elective outpatient procedure: Discharge following routine recovery  Outpatient observation services under general supervision  Outpatient in a bed - extended recovery  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgme 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.	Ī	Septicemia	Post-op
Elective outpatient, Observation, or Admission (Single Response)  Elective outpatient procedure: Discharge following routine recovery  Outpatient observation services under general supervision  Outpatient in a bed - extended recovery  Outpatient in a bed - extended recovery  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgme 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.	]		Post-op
Elective outpatient procedure: Discharge following routine recovery  Outpatient observation services under general supervision  Outpatient in a bed - extended recovery  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgme 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.	Π	Urinary Tract Infection, Site Not Specified	Post-op
routine recovery  Outpatient observation services under general supervision  Patient Condition: Bed request comments: PACU & Post-op  Outpatient in a bed - extended recovery  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgme 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.			
supervision  Patient Condition: Bed request comments: PACU & Post-op  Outpatient in a bed - extended recovery  Admitting Physician: Bed request comments: PACU & Post-op  Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgme 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.	_	routine recovery	
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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 judgme 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.		supervision	
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Admit to Inpatient  Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgme 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.	,	Outpatient in a bed - extended recovery	
Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgme 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.			•
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Certification: I certify that based on my best clinical judgme 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.			
Certification: I certify that based on my best clinical judgme 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.			Bed request comments:
progress notes, I expect that the patient will need hospital services for two or more midnights.			Certification: I certify that based on my best clinical judgme
services for two or more midnights.			and the patient's condition as documented in the HP and
			progress notes, I expect that the patient will need hospital

Patient has active outpatient status order on file	
() Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
() Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
() Transfer patient	Level of Care:  Bed request comments:  Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Admission (Single Response) Patient has active status order on file	
() Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
() Transfer patient	Level of Care:  Bed request comments:  Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Transfer (Single Response) Patient has active inpatient status order on file	
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed  Code Status  @CERMSG(674511:)@	Routine, Until discontinued, Starting S, Scheduling/ADT
[X] Code Status (Single Response)  DNR and Modified Code orders should be placed by	by the responsible physician.
	Code Status decision reached by: Post-op
( ) DNR (Do Not Resuscitate) (Selection Required) [] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Post-op

[] Consult to Palliative Care Service	D: "
[] Consult to Palliative Care Service	Priority:
	Reason for Consult?
	Order?
	Name of referring provider:
[] Consult to Conicl Work	Enter call back number:
[] Consult to Social Work	Reason for Consult: Post-op
() Modified Code	Did the patient/surrogate require the use of an interpreter?
() meamed code	Did the patient/surrogate require the use of an interpreter?
	Does patient have decision-making capacity?
	Modified Code restrictions:
	Post-op
] Treatment Restrictions ((For use when a patient i	is NOT I understand that if the patient is NOT in a cardiopulmonary
in a cardiopulmonary arrest))	arrest, the selected treatments will NOT be provided. I
	understand that all other unselected medically indicated
	treatments will be provided.
	Treatment Restriction decision reached by:
	Specify Treatment Restrictions:
	Post-op
solation	
Airborne isolation status	Details
[] Airborne isolation status	Details Once Post on
[] Mycobacterium tuberculosis by PCR - If you	Once, Post-op
suspect Tuberculosis, please order this test for rapid diagnostics.	
Contact isolation status	Details
•	
Droplet isolation status  Interior isolation status	Details  Details
j Enterio isolation status	Details
recautions	
] Aspiration precautions	Post-op
] Fall precautions	Increased observation level needed:
	Post-op
	1 03t-0p
] Latex precautions	Post-op
Latex precautions     Seizure precautions	·
	Post-op
] Seizure precautions	Post-op Increased observation level needed:
Seizure precautions  Nursing	Post-op Increased observation level needed:
Seizure precautions  Vursing  Vital Signs	Post-op Increased observation level needed: Post-op
Seizure precautions  Vursing  ital Signs  Telemetry	Post-op Increased observation level needed: Post-op  "And" Linked Panel
Seizure precautions  Nursing  Vital Signs	Post-op Increased observation level needed: Post-op  "And" Linked Panel Routine, Continuous For 5 Days
Seizure precautions  Nursing  /ital Signs  Telemetry	Post-op Increased observation level needed: Post-op  "And" Linked Panel Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only
Seizure precautions  Nursing  /ital Signs  Telemetry	Post-op Increased observation level needed: Post-op  "And" Linked Panel Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)
Seizure precautions  Nursing  /ital Signs  Telemetry	Post-op Increased observation level needed: Post-op  "And" Linked Panel  Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry:
Seizure precautions  Nursing  /ital Signs  Telemetry	Post-op Increased observation level needed: Post-op  "And" Linked Panel Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
Seizure precautions   Nursing   Fital Signs   Telemetry   Teleme	Post-op Increased observation level needed: Post-op  "And" Linked Panel  Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes Post-op
Seizure precautions  Nursing  /ital Signs  Telemetry	Post-op Increased observation level needed: Post-op  "And" Linked Panel  Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes Post-op Routine, Continuous
Seizure precautions   Nursing   Fital Signs   Telemetry   Teleme	Post-op Increased observation level needed: Post-op  "And" Linked Panel  Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes Post-op Routine, Continuous High Heart Rate (BPM): 120
Seizure precautions   Nursing   Fital Signs   Telemetry   Teleme	Post-op Increased observation level needed: Post-op  "And" Linked Panel  Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes Post-op  Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50
Seizure precautions   Nursing   Fital Signs   Telemetry   Teleme	Post-op Increased observation level needed: Post-op  "And" Linked Panel Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes Post-op Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10
Seizure precautions   Nursing   Fital Signs   Telemetry   Teleme	Post-op Increased observation level needed: Post-op  "And" Linked Panel Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes Post-op Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175
Seizure precautions   Nursing   Fital Signs   Telemetry   Teleme	Post-op Increased observation level needed: Post-op  "And" Linked Panel Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes Post-op Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100
Seizure precautions   Nursing   Fital Signs   Telemetry   Teleme	Post-op Increased observation level needed: Post-op  "And" Linked Panel Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes Post-op Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95
Seizure precautions   Nursing   Fital Signs   Telemetry   Teleme	Post-op Increased observation level needed: Post-op  "And" Linked Panel  Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes Post-op  Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40
Seizure precautions   Nursing   Fital Signs   Telemetry   Teleme	Post-op Increased observation level needed: Post-op  "And" Linked Panel  Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes Post-op  Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60
Seizure precautions   Nursing   Fital Signs   Telemetry   Teleme	Post-op Increased observation level needed: Post-op  "And" Linked Panel  Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes Post-op  Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40

[X] Vital signs - T/P/R/BP	Routine, Every 4 hours, Post-op
Activity	
[X] Up in chair for meals	Routine, Until discontinued, Starting S
	Specify: Up in chair
	Additional modifier: for meals
DVI A a Late 20 and a constant	Post-op
[X] Ambulate with assistance	Routine, 4 times daily
	Specify: with assistance Post-op
[X] Patient may shower	Routine, Daily, Starting S+2
[A] Fatient may shower	Specify:
	Additional modifier:
	Beginning post operative day 2, Post-op
[X] Head of bed	Routine, Until discontinued, Starting S
[.4]	Head of bed: 30 degrees
	If not contraindicated., Post-op
Numero	
Nursing [X] Intake and output	Routine, Every 8 hours, Post-op
Remove Foley catheter	Routine, Once
[] Remove Foley Cathetel	Remove Foley catheter at 6 am on POD #1. If patient does
	not void within 6 hours after removing foley, bladder scan and
	call MD, Post-op
[X] Bladder scan	Routine, Once
[A] Bladdor coarr	If patient does not void within 6 hours after removing foley,
	bladder scan and call MD., Post-op
[] Remove Foley catheter	Routine, Once For 1 Occurrences
,	Activate Nursing protocol for Foley removal. Discontinue foley
	at *** on POD ***., Post-op
[] Do not remove Foley	Routine, Until discontinued, Starting S
	Rationale:
	Post-op
[] Saline lock IV	Routine, Continuous
	When tolerating soft or regular diet, Post-op
	Through the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second an
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[] Stoma Care	
[] Stoma Care [] Stoma Care	Routine, Until discontinued, Starting S, Post-op
[] Stoma Care [] Stoma Care [] Measure stoma output	Routine, Until discontinued, Starting S, Post-op Routine, Every shift, Post-op
Stoma Care     Stoma Care     Measure stoma output     Provide equipment / supplies at bedside -	Routine, Until discontinued, Starting S, Post-op Routine, Every shift, Post-op Routine, Once
[] Stoma Care [] Stoma Care [] Measure stoma output	Routine, Until discontinued, Starting S, Post-op Routine, Every shift, Post-op Routine, Once Supplies: Other (specify)
Stoma Care     Stoma Care     Measure stoma output     Provide equipment / supplies at bedside -	Routine, Until discontinued, Starting S, Post-op Routine, Every shift, Post-op Routine, Once Supplies: Other (specify) Other: Stoma supplies
[] Stoma Care [] Stoma Care [] Measure stoma output [] Provide equipment / supplies at bedside - STOMA	Routine, Until discontinued, Starting S, Post-op Routine, Every shift, Post-op Routine, Once Supplies: Other (specify) Other: Stoma supplies Post-op
[] Stoma Care [] Stoma Care [] Measure stoma output [] Provide equipment / supplies at bedside -	Routine, Until discontinued, Starting S, Post-op Routine, Every shift, Post-op Routine, Once Supplies: Other (specify) Other: Stoma supplies Post-op Routine, Once
[] Stoma Care [] Stoma Care [] Measure stoma output [] Provide equipment / supplies at bedside - STOMA	Routine, Until discontinued, Starting S, Post-op Routine, Every shift, Post-op Routine, Once Supplies: Other (specify) Other: Stoma supplies Post-op Routine, Once Patient/Family:
[] Stoma Care [] Stoma Care [] Measure stoma output [] Provide equipment / supplies at bedside - STOMA	Routine, Until discontinued, Starting S, Post-op Routine, Every shift, Post-op Routine, Once Supplies: Other (specify) Other: Stoma supplies Post-op Routine, Once Patient/Family: Education for: Other (specify)
[] Stoma Care [] Stoma Care [] Measure stoma output [] Provide equipment / supplies at bedside - STOMA	Routine, Until discontinued, Starting S, Post-op Routine, Every shift, Post-op Routine, Once Supplies: Other (specify) Other: Stoma supplies Post-op Routine, Once Patient/Family: Education for: Other (specify) Specify: Stoma care
[] Stoma Care [] Stoma Care [] Measure stoma output [] Provide equipment / supplies at bedside - STOMA  [] Patient education - Stoma	Routine, Until discontinued, Starting S, Post-op Routine, Every shift, Post-op Routine, Once Supplies: Other (specify) Other: Stoma supplies Post-op Routine, Once Patient/Family: Education for: Other (specify) Specify: Stoma care Post-op
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[] Stoma Care [] Stoma Care [] Measure stoma output [] Provide equipment / supplies at bedside - STOMA  [] Patient education - Stoma	Routine, Until discontinued, Starting S, Post-op Routine, Every shift, Post-op Routine, Once Supplies: Other (specify) Other: Stoma supplies Post-op Routine, Once Patient/Family: Education for: Other (specify) Specify: Stoma care Post-op Reason for consult: Reason for consult: Reason for consult: Reason for consult: Reason for consult:
[] Stoma Care [] Stoma Care [] Measure stoma output [] Provide equipment / supplies at bedside - STOMA  [] Patient education - Stoma	Routine, Until discontinued, Starting S, Post-op Routine, Every shift, Post-op Routine, Once Supplies: Other (specify) Other: Stoma supplies Post-op Routine, Once Patient/Family: Education for: Other (specify) Specify: Stoma care Post-op Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT:
[] Stoma Care [] Stoma Care [] Measure stoma output [] Provide equipment / supplies at bedside - STOMA  [] Patient education - Stoma	Routine, Until discontinued, Starting S, Post-op Routine, Every shift, Post-op Routine, Once Supplies: Other (specify) Other: Stoma supplies Post-op Routine, Once Patient/Family: Education for: Other (specify) Specify: Stoma care Post-op Reason for consult: Reason for consult: Reason for consult: Reason for consult: Reason for consult:

[] Consult to Case Management - Stoma	Consult Reason: Home Health
	Special Instructions:
	Resume home health services with previous home health agency prior to
	the hospital admission:
	Face-to-Face Date:
	Home Health Services: Home Wound Care
	Wound care questions:
	Clinical Findings: Instruction and assessment to ensure understanding of
	the care plan
	Homebound Status:
	Reasons for Home Health Care: Ostomy supplies, care and education
	Face to Face Cert Statement:
	Post-op
[] Reinforce dressing	Routine, As needed
[] Reinforce dressing	Reinforce with:
	May reinforce x 1 and then change as needed., Post-op
[] Drain care	Routine, Until discontinued, Starting S
	Drain 1:
	Drain 2:
	Drain 3:
	Drain 4:
	All Drains:
	Post-op
Notify	
[X] Notify Physician for vitals:	Routine, Until discontinued, Starting S
	Temperature greater than: 101
	Temperature less than:
	Systolic BP greater than: 160
	Systolic BP less than: 90
	Diastolic BP greater than:
	Diastolic BP less than:
	MAP less than: 60
	Heart rate greater than (BPM): 110
	Heart rate less than (BPM): 60
	Respiratory rate greater than: 40
	Respiratory rate less than: 14
	SpO2 less than: 92
[X] Notify Physician if urine output is less than:	Routine, Until discontinued, Starting S, 200 milliliters per 8
	hours , Post-op
[X] Notify Physician if patient refuses to Ambulate or	n Day 1 Routine, Until discontinued, Starting S, Notify Physician if
of Pathway	patient refuses to Ambulate on Day 1 of Pathway.
[] Notify Surgeon prior to administering Aspirin, Pla	
Warfarin, Eliquis, Pradaxa, Xarelto, Aggrenox, Pl	
Trental, Ticlid, any other blood thinners, vitamins	
sleep aids	thinners, vitamins, and sleep aids, Post-op
[] Notify Physician (Specify)	Routine, Until discontinued, Starting S, Post-op
[],, ( <b>-</b> p, )	
Diet	
[X] Diet- Clear liquid	Diet effective now, Starting S
•	Diet(s): Clear Liquids
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op

X] Oral supplements - Boost Breeze	Routine, 2 times daily
	Can/Bottle Supplements: Boost Breeze
	Can/Bottle Supplements: Boost Breeze
	Can/Bottle Supplements: Boost Breeze
	Supplement Flavor Preference:
	Can/Bottle Supplements: Boost Breeze
	Number of Cans/Bottles each administration:
	Supplement Flavor Preference:
	Supplement Flavor Preference:
	Post-op
] Diet- 2000 Kcal/225 gm Carbohydrate	Diet effective now, Starting S
	Diet(s): 2000 Kcal/225 gm Carbohydrate
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
Diet - Soft low residue	Diet effective now, Starting S
] Diet Contiew residue	Diet(s):
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Foods to Avoid:
	Post-op
Education	
Patient education	Routine, Once
•	Patient/Family: Both
	Education for: Other (specify)
	Specify: Provide/reinforce daily Lovenox injection training to
	patient/family/caregiver until discharge.
	Post-op
X] Patient education- Discharge	Routine, Once For 1 Occurrences
A) I allent education Discharge	Patient/Family: Both
	Education for: Discharge, Activity
	Review discharge instructions with patient and family and
	provide a copy to patient.
	Review Patient Activity Guidelines with patient and family.,
	POST-OD
1. Definite Leading Market Co.	Post-op
Patient education- Wound/Incision Care	Routine, Once
] Patient education- Wound/Incision Care	Routine, Once Patient/Family: Both
] Patient education- Wound/Incision Care	Routine, Once Patient/Family: Both Education for: Other (specify)
] Patient education- Wound/Incision Care	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Wound/Incision Care
] Patient education- Wound/Incision Care	Routine, Once Patient/Family: Both Education for: Other (specify)

### IV Fluids (Single Response)

() Sodium Chloride 0.9% Followed by D5W - 0.45% Sodium Chloride with Potassium Chloride 20 mEq IV (Selection Required)

	(Coloculor requires)	
	[] sodium chloride 0.9 % infusion	100 mL/hr, intravenous, continuous, Post-op
		Discontinue sodium chloride 0.9% infusion on POD 1 at 0600.
	[] dextrose 5 % and sodium chloride 0.45 %	100 mL/hr, intravenous, continuous, S+1 at 6:00 AM, Post-op
	with potassium chloride 20 mEq/L infusion	Start on POD 1 at 0600 when the sodium chloride 0.9% infusion is
L		discontinued.

() lactated ringer's infusion

125 mL/hr, intravenous, continuous, Starting S+1, Post-op

Medications	
Antibiotics	
[] cefoxitin (MEFOXIN) IV	2 g, intravenous, once, For 1 Doses Administer 30 to 60 minutes prior to the surgical incision. Reason for Therapy: Surgical Prophylaxis
Restricted Order	
[] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order: Post-op
Acetaminophen IV and Oral (Single Response)	
(X) Acetaminophen IV followed by scheduled for 3 dather PRN	ays, "Followed by" Linked Panel
[X] acetaminophen (OFIRMEV) injection	1,000 mg, intravenous, Administer over: 15 Minutes, every 6 hours, For 3 Doses, 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?
[X] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours, Starting H+24 Hours, Post-op
[X] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Starting S+3, Post-op
() Acetaminophen IV followed by scheduled for 5 d	-
[] acetaminophen (OFIRMEV) injection	<ul> <li>1,000 mg, intravenous, Administer over: 15 Minutes, every 6 hours, For 3 Doses, Post-op</li> <li>Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:</li> <li>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?</li> </ul>
[] acetaminophen (TYLENOL) tablet  Nausea	650 mg, oral, every 6 hours, Starting H+24 Hours, Post-op
[] ondansetron (ZOFRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op
GI medications	
[] pantoprazole (PROTONIX) 40 mg in sodium chlow % 10 mL injection	oride 0.9  40 mg, intravenous, daily before breakfast, Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
Itching	
[] diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 6 hours PRN, itching, Post-op
alvimopan (ENTEREG) ORAL Orders	

[] alvimopan (ENTEREG) capsule 12 mg Twice Dai Post-Op	12 mg, oral, 2 times daily, Starting S+1, For 14 Doses, Post-op Contraindications:  ** Contraindicated in bowel obstruction patients  ** Childs-Pugh B&C  ** ESRD  ** Active therapeutic use of narcotics RESTRICTED to Gastroenterology specialists. Are you a Gastroenterology specialist or ordering on behalf of one? I have reviewed and understood the above Alvimopan REMS Education document prior to ordering Alvimopan.
Moderate Pain (Pain Score 4-6) (Single Response	)
( ) oxyCODone (ROXICODONE) immediate release	tablet 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Allowance for Patient Preference:
( ) traMADol (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Allowance for Patient Preference:
Severe Pain (Pain Score 7-10) (Single Response) (adjust dose for renal/liver function and age)	
( ) oxyCODone (ROXICODONE) immediate release	tablet 10 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Allowance for Patient Preference:
() traMADol (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Allowance for Patient Preference:
( ) hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
( ) ketorolac (TORADOL) IV 15 mg and celecoxib (CeleBREX) Oral	ponse)  "Followed by" Linked Panel
Do NOT use in patients with eGFR LESS than 30	mL/min AND/OR patients LESS than 17 years of age. of perioperative pain OR in the setting of coronary artery bypass graft
[] keTOROlac (TORadol) injection	15 mg, intravenous, every 6 hours scheduled, Starting S, Post-op Give first dose 6 hours from the end of the procedure.
[] celecoxib (CeleBREX) capsule	200 mg, oral, 2 times daily, Starting S+2, Post-op Start after ketorolac (TORADOL) on PostOp Day 2
	Discontinue if:  ** Prior MI  ** Prior CABG or cardiac stents within 1 year  ** End Stage Renal Disease on hemodialysis  ** Pregnant
( ) ketorolac (TORADOL) IV 30 mg and celecoxib (CeleBREX) Oral Do NOT use in patients with eGFR LESS than 30	"Followed by" Linked Panel  O mL/min AND/OR patients LESS than 17 years of age.
	of perioperative pain OR in the setting of coronary artery bypass graft

(CABG) surgery.

[] keTOROlac (TORadol) injection	30 mg, intravenous, every 6 hours scheduled, Starting S, Post-op Give first dose 6 hours from the end of the procedure.
[] celecoxib (CeleBREX) capsule	200 mg, oral, 2 times daily, Starting S+2, Post-op Start after ketorolac (TORADOL) on PostOp Day 2
	Discontinue if:  ** Prior MI  ** Prior CABG or cardiac stents within 1 year  ** End Stage Renal Disease on hemodialysis  ** Pregnant

#### Gabapentin Oral / Pregabalin Oral (Single Response)

() gabapentin (NEURONTIN)	300 mg, oral, every 8 hours, Post-op
() pregabalin (LYRICA) capsule	50 mg, oral, every 8 hours, Post-op
Other med	
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700, Post-op Indication(s):

### VTE

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

Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

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

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

### () LOW Risk of DVT (Selection Required)

Low Risk Definition

Age less than 60 years and NO other VTE risk factors

# [ ] Low Risk (Single Response) (Selection Required)( ) Low risk of VTE

Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation

PACU & Post-op

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)		
[] Moderate risk of VTE	Routine, Once, PACU & Post-op	
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)		
<ul> <li>( ) Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> </ul>	hylaxis "And" Linked Panel	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
[] Place/Maintain sequential compression device continuous	Routine, Continuous	
<ul> <li>( ) Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> </ul>	hylaxis "And" Linked Panel	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):	
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Resp (Selection Required)</li></ul>	ponse)	
Patient renal status: @CRCL@		
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommer 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 ( subcutaneous Daily at 1700		
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):	
() For CrCl GREATER than or EQUAL TO 30 m	nL/min -	
enoxaparin (LOVENOX) subcutaneous		
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):	
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 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):	

5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

() heparin (porcine) injection

	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 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 For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
-	flechanical Prophylaxis (Single Response) (Sele Lequired)	ection
` '	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)
. ,	Place/Maintain sequential compression device continuous	Routine, Continuous
	DERATE Risk of DVT - Non-Surgical (Selection uired)	n
Pha cont	traindicated.	echanical prophylaxis is optional unless pharmacologic is
CHF stro	ke, rheumatologic disease, sickle cell disease, 60 and above	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
Hist	tral line ory of DVT or family history of VTE cipated length of stay GREATER than 48 hours	s

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) (Selecti Required)	on
<ul> <li>Contraindications exist for pharmacologic proplements</li> <li>Order Sequential compression device</li> </ul>	nylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
) Contraindications exist for pharmacologic propl AND mechanical prophylaxis	nylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

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 ( subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	· · ·
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily 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
<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 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 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<ul><li>Mechanical Prophylaxis (Single Response) (Sele Required)</li></ul>	ection
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
HIGH Risk of DVT - Surgical (Selection Required)	

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

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

enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours () For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): () For CrCl GREATER than or EQUAL TO 30 mL/min enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection subcutaneous, Starting S+1 Indication(s): () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM heparin (porcine) injection heparin (porcine) injection (Recommended 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM for patients with high risk of bleeding, e.g. Recommended for patients with high risk of bleeding, e.g. weight LESS weight < 50kg and age > 75yrs) than 50kg and age GREATER than 75yrs. () heparin (porcine) injection - For Patients 7,500 Units, subcutaneous, every 8 hours, Starting S+1 with weight GREATER than 100 kg For patients with weight GREATER than 100 kg. () warfarin (COUMADIN) tablet oral, daily at 1700. Starting S+1 Indication: () Pharmacy consult to manage warfarin STAT, Until discontinued, Starting S (COUMADIN) Indication: [] Mechanical Prophylaxis (Single Response) (Selection Required) Routine, Once () Contraindications exist for mechanical No mechanical VTE prophylaxis due to the following contraindication(s): prophylaxis PACU & Post-op () Place/Maintain sequential compression Routine, Continuous, PACU & Post-op device continuous HIGH Risk of DVT - Non-Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE Routine, Once, PACU & Post-op High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

() Contraindications exist for pharmacologic Routine, Once No pharmacologic VTE prophylaxis due to the following prophylaxis contraindication(s): enoxaparin (LOVENOX) injection (Single Response)

(Selection Required)

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxaparin (	LOVENOX)
subcutaneous Daily at 1700	,
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
, ,	Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m	L/min -
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous
	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	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
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Sel-	ection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	
Required)	

() 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 Printed on 10/18/2023 at 9:51 AM from SUP Routine, Once, PACU & Post-op

[] High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required)	
( ) Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
1 1 7	contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection Re	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
[] apixabali (ELIQUIO) tablet	Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Resp	
(Selection Required)	
Patient renal status: @CRCL@	
Tation Tonar Status. GONOLG	
For patients with CrCl GREATER than or EQU 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	
() For CrCl LESS than 30mL/min - enoxaparin ( subcutaneous Daily at 1700	LOVENOX)
enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1
[] enoxapanin (LOVENOX) injection	Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	• •
enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1
[] Choxapann (EGVENGX) injection	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	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
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection	
Required)	
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this	Indications: VTE prophylaxis
admission	
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
·	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Selection Required)	ection
( ) 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

#### **DVT Risk and Prophylaxis Tool (Single Response)**

Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

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

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

() LOW Risk of DVT (Selection Required)

Low Risk Definition

Age less than 60 years and NO other VTE risk factors

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

( ) Low risk of VTE Routine, Once

Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation

PACU & Post-op

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

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

<ul> <li>( ) Contraindications exist for pharmacologic properties AND mechanical prophylaxis</li> </ul>	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
( ) For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1  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
( ) 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 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 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<ul><li>Mechanical Prophylaxis (Single Response) (Se Required)</li></ul>	election
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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

device continuous

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>	etion
<ul> <li>( ) Contraindications exist for pharmacologic pro Order Sequential compression device</li> </ul>	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
Contraindications exist for pharmacologic pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li></ul>	ponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily  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
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (See Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
) HIGH Risk of DVT - Surgical (Selection Required	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	s must be addressed.
One or more of the following medical conditions:	
	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; r	nyeloproliferative 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 High Risk (Selection Required)	
[] High Risk (Selection Required)	Routine, Once, PACU & Post-op
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg	
<ul><li>[] High risk of VTE</li><li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li></ul>	ical Patient
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic</li> </ul>	Routine, Once
<ul><li>[] High risk of VTE</li><li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li></ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight:</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight: Weight Dose</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight:</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight: Weight Dose         LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight: Weight Dose         LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ 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 enoxa</li> <li>() For CrCl LESS than 30mL/min - enoxaparin</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended  rs parin 40mg every 12 hours
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ 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 enoxa</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended  rs parin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ 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 enoxa</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended  rs parin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis  () enoxaparin (LOVENOX) injection (Single Res (Selection Required) Patient renal status: @CRCL@  For patients with CrCl GREATER than or EQ 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 enoxa  () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended  rs parin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis  () enoxaparin (LOVENOX) injection (Single Res (Selection Required) Patient renal status: @CRCL@  For patients with CrCl GREATER than or EQ 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 enoxa  () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended  rs parin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): mL/min -
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis  () enoxaparin (LOVENOX) injection (Single Res (Selection Required) Patient renal status: @CRCL@  For patients with CrCl GREATER than or EQ 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 enoxa  () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended  rs parin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):

()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 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
()		5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	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	7,500 Units, subcutaneous, every 8 hours, Starting S+1
	with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Sel- Required)	ection
	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
() HI	GH Risk of DVT - Non-Surgical (Selection Requi	irod)
Se Ad Mu Ab Ac	protein S deficiency; hyperhomocysteinemia; my evere fracture of hip, pelvis or leg cute spinal cord injury with paresis ultiple major traumas dominal or pelvic surgery for CANCER tute ischemic stroke story of PE	
[]	High Risk (Selection Required)	
_[]_	High risk of VTE	Routine, Once, PACU & Post-op
	High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	urgical
	Contraindications exist for pharmacologic	Routine, Once
	prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
	Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQU 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 enoxapara	
	) For CrCl LESS than 30mL/min - enoxaparin (	LOVENOX)
	subcutaneous Daily at 1700	, 
	[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
(	) For CrCl GREATER than or EQUAL TO 30 m	L/min -

[] enoxaparin (LOVENOX) injection	subcutaneous
	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	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
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	lection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio	n
Required)	
10 1 50 1 5 7 10	

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip of	or Knee
(Arthroplasty) Surgical Patient (Single Respon	ise)
(Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once
	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection I	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
	Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() 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 [ ] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1
	Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r	nL/min -
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1
	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	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
() 1,	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
•	
Required)	
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this	Indications: VTE prophylaxis
admission	
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
() Di	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() 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

### Labs

### **Labs Tomorrow**

[X] CBC with platelet and differential	Once, Post-op	
[] Hemoglobin & hematocrit	Once, Starting S+1, Post-op	
[X] Basic metabolic panel	Once, Starting S+1, Post-op	
[X] Magnesium level	Once, Starting S+1, Post-op	
[X] Phosphorus level	Once, Starting S+1, Post-op	

# Cardiology

# **Imaging**

# Other Studies

# Respiratory

### Respiratory

[X] Incentive spirometry	Routine, Every hour
	10 times per hour, Post-op
[] Encourage deep breathing and coughing	Routine, Every 2 hours, Post-op

# Rehab

# Consults

For Physician Consult orders use sidebar

### **Ancillary consults**

- \* If Stoma creation, consult Wound Ostomy care Nurse for stoma care/teaching on POD 1.
- \*\* If stoma creation, consult Case Management to set up home health for ostomy supplies and post operative care.
  \*\*\*Consult physical therapy and social work POD 1 for reconditioning and postoperative placement.

[] Consult to Wound Ostomy Care nurse	Reason for consult:
	Reason for consult:
	Reason for consult:
	Reason for consult:
	Consult for NPWT:
	Reason for consult:
	Reason for consult:
	Post-op
[] Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable) Are there any restrictions for positioning or mobility?
	Please provide safe ranges for HR, BP, O2 saturation( if
	values are very abnormal):
	Weight Bearing Status:
	Post-op
[] Consult to Case Management	Consult Reason: Home Health, Other specify
	Specify: Home health for ostomy supplies, care, and
	education
	Post-op
[] Consult to Social Work	Reason for Consult:
	Post-op
[ ] Consult to Nutrition Services	Reason For Consult?
<del></del>	Purpose/Topic:
	Post-op

# **Additional Orders**