Craniotomy Post-Op [1665]

	mmon 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
Ι	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
le	ctive Outpatient, Observation, or Admission (Single I	Response)
_	Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
)	Outpatient observation services under general	Admitting Physician:
	supervision	Patient Condition:
		Bed request comments: PACU & Post-op
)	Outpatient in a bed - extended recovery	Admitting Physician:
		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.
		PACU & Post-op

Patient has active outpatient status order on file	
() Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. 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 Transfer (Single Response) Patient has active inpatient status order on file	Routine, Until discontinued, Starting S, Scheduling/ADT
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Code Status (Single Response)	
() Full code	Code Status decision reached by: Post-op
() DNR (Do Not Resuscitate) (Selection Required)	Did the potiont/oursement we will the use of an interest of
[] 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
[1] Consult to Palliative Care Service	

R O N	riority: leason for Consult? order? lame of referring provider: nter call back number:
[] Consult to Social Work Re	eason for Consult: st-op
() Modified Code	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: Post-op
() Treatment Restrictions ((For use when a patient is NC in a cardiopulmonary arrest))	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op
Isolation	
[] Airborne isolation status	
[] Mycobacterium tuberculosis by PCR - If you on suspect Tuberculosis, please order this test for rapid diagnostics.	etails nce, Post-op
[] Contact isolation status	Details Details
[] Droplet isolation status	Details
[] Enteric isolation status Precautions	Details
[] Aspiration precautions	PACU & Post-op
[X] Fall precautions	Increased observation level needed: PACU & Post-op
[] Latex precautions	PACU & Post-op
[] Seizure precautions	Increased observation level needed: PACU & Post-op
[] Spinal precautions	PACU & Post-op
Nursing	
Vital Signs (Single Response)	
(X) Vital signs - T/P/R/BP	Routine, Per unit protocol With Neuro exam, PACU & Post-op
() Vital signs - T/P/R/BP (if patient going to ICU)	Routine, Every hour For 24 Hours With Neuro exam., PACU & Post-op
() Vital signs - T/P/R/BP	Routine, Every 2 hours With Neuro exam., PACU & Post-op
Activity	
[] Strict bed rest	Routine, Until discontinued, Starting S, PACU & Post-op
Out of bed with assistance	Routine, Until discontinued, Starting S Specify: Out of bed,Up with assistance PACU & Post-op
[] Elevate Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 PACU & Post-op
[] Head of bed flat	Routine, Until discontinued, Starting S Head of bed: flat
	PACU & Post-op

Nursing	
[] Peripheral vascular assessment	Routine, Every hour For 24 Hours
	Then every 2 hours until discontinued., PACU & Post-op
[X] Neurological assessment	Routine, Every 4 hours
	Assessment to Perform: Cranial Nerves, Glasgow Coma
	Scale, Level of Consciousness, Pupils
[X] Straight cath	PACU & Post-op Routine, As needed
[A] Straight Cath	PRN Reason: If patient unable to void on their own, PACU &
	Post-op
[X] Insert/Maintain Foley and Notify	
[X] Insert Foley catheter	Routine, Once
	Type:
	Size:
	Urinometer needed:
	Indication:
	If unable to void after second attempt at straight cath, insert Foley and cal physician, PACU & Post-op
[X] Foley catheter care	Routine, Until discontinued, Starting S
	Orders: Maintain
DOLLAR OF THE STATE OF THE STAT	to gravity/bedside drain, PACU & Post-op
[X] Notify Physician if unable to void after second attempt at straight cath and Foley inserted	Routine, Until discontinued, Starting S, PACU & Post-op
[] Foley catheter care	Routine, Until discontinued, Starting S
[] I oley callieler care	Orders: Maintain
	If unable to void, leave in place times 24 hours, PACU &
	Post-op
[] Remove Foley catheter (Postoperative Day #1 or	·
[] Surgical/incision site care	Routine, Once
0	Location:
	Site:
	Apply:
	Dressing Type:
	Open to air?
II. Deletere lecele	PACU & Post-op
[] Reinforce dressing	Routine, As needed
	Reinforce with:
[X] Strict intake and output	If saturated., PACU & Post-op Routine, Every hour, PACU & Post-op
[] Assess cath site	Routine, Every 8 hours, PACU & Post-op
[] Ventriculostomy drain care	Routine, Every hour
[] Ventriculostomy drain care	Device:
	Level at:
	PACU & Post-op
[] ICP Monitoring and Notify	<u>.</u>
[] ICP monitoring	Routine, Every hour
	Record:
	Monitor and record output, PACU & Post-op
[] Notify Physician if Intracranial Pressure greater than 20 cm H2O for 5 minutes	Routine, Until discontinued, Starting S, PACU & Post-op
[] Lumbar drain care	Routine, Until discontinued, Starting S
	Lumbar drain mgmt:
	PACU & Post-op
[X] Hemodynamic Monitoring	Routine, Every hour
	Measure: Arterial Line BP
	Arterial blood pressure (ABP)., PACU & Post-op
[X] No anticoagulants INcluding UNfractionated hepa	
	Reason for "No" order: high risk of bleeding
	PACU & Post-op

[X] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order: high risk of bleeding PACU & Post-op
Notify (Selection Required)	
[X] Notify Physician if acute change in neurological status	Routine, Until discontinued, Starting S, PACU & Post-op
Notify Physician bleeding at site X	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S, PACU & Post-op
Diet	Distriction of the O
[] NPO	Diet effective now, Starting S NPO:
	Pre-Operative fasting options:
	An NPO order without explicit exceptions means nothing car
	be given orally to the patient., PACU & Post-op
[X] Diet - Clear liquids (advance as tolerated to Regular)	Diet effective now, Starting S
	Diet(s): Clear Liquids
	Advance Diet as Tolerated? Yes
	Target Diet: Regular
	Advance target diet criteria: Please assess bowel sounds
	between progressions.
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	When awake; advance as tolerated, PACU & Post-op
Diet	Diet effective now, Starting S
	Diet(s):
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Foods to Avoid:
	PACU & Post-op
IV Fluids	
IV Fluids (Single Response)	
() lactated Ringer's infusion	intravenous, continuous, Post-op
() sodium chloride 0.9 % infusion	intravenous, continuous, Post-op
() sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Post-op
() dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients	intravenous, continuous, Post-op
Medications	
Medications - Bowel Management	
[X] polyethylene glycol (MIRALAX) packet	17 g, oral, 2 times daily, Post-op
[X] Stool Softener Options (Single Response)	
(X) docusate sodium (COLACE) capsule 100 mg,	oral, 2 times daily, Post-op
() sennosides-docusate sodium 2 tablet, (SENOKOT-S) 8.6-50 mg per tablet	oral, nightly, Post-op
Steroids (Single Response)	
() dexamethasone (DECADRON) IV	4 mg, intravenous, every 6 hours scheduled, Post-op
() methylPREDNISolone sodium succinate (Solu-MEDROL) injection	40 mg, intravenous, every 6 hours scheduled, Post-op
() methylPREDNISolone (MEDROL PAK) dose pack (start in AM)	

THIS A PANEL. DO NOT EDIT.	
[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, before breakfast - one time, For 1 Doses, Post-op
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, after lunch - one time, For 1 Doses, Post-op
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, after dinner - one time, For 1 Doses, Post-op All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, For 1 Doses, Post-op All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, 3 times daily around food, Starting S+1, For 3 Doses, Post-op
[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, Starting S+1, For 1 Doses, Post-op
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, 4 times daily tapering, Starting S+2, Post-op
edications	
pantoprazole (PROTONIX) IV or ORAL	"Or" Linked Panel
[] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily at 0600, 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:
tibiotics (Single Response)	
Antibiotics - Neurosurgery - patients with surgical	site
drains	
[] Antibiotics: For Patients LESS than or EQUAL	
[] cefazolin (ANCEF) IV - until drains removed	1 g, intravenous, every 8 hours, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
[] cefepime (MAXIPIME) IV	2 g, intravenous, every 12 hours, Post-op
	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
[] vancomycin 15 mg/kg IV + Pharmacy Consult Required)	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses, Post-op
	On call to cath lab. Transport antibiotics with patient to cath lab and
	administer prior to start of procedure
[1] Dhamasan it to make a second in	Reason for Therapy: Surgical Prophylaxis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Surgical Prophylaxis
	Duration of Therapy (Days):
	Surgical Prophylaxis: Please follow institutional and service line-specif
	guidelines for surgical prophylaxis for the stop date/duration
	Indication: Implanted Device Prophylaxis
[] Antibiotics: For Patients GREATER than 120 kg	
[] cefazolin (ANCEF) IV - until drains removed	1 g, intravenous, every 8 hours, Post-op
	Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
[] cefepime (MAXIPIME) IV	2 g, intravenous, every 12 hours, Post-op
,	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
	galasilios ioi sargisar propriyidalo for the stop duto/dutation

	vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses, Post-op On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis
[]	Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Surgical Prophylaxis Duration of Therapy (Days): Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration Indication: Implanted Device Prophylaxis
1 ' '	ibiotics - Neurosurgery - patients withOUT surg	ical
	drains Antibiotics: For Patients LESS than or EQUAL to	n 120 kg
	cefazolin (ANCEF) IV - until drains removed	2 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
[]	cefepime (MAXIPIME) IV	2 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
	vancomycin 15 mg/kg IV + Pharmacy Consult (Required)	Selection
[]	vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses, Post-op On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis
[]	Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Surgical Prophylaxis Duration of Therapy (Days): Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration Indication: Implanted Device Prophylaxis
[] A	Antibiotics: For Patients GREATER than 120 kg	·
[]	cefazolin (ANCEF) IV - until drains removed	2 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
[]	cefepime (MAXIPIME) IV	2 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
	vancomycin 15 mg/kg IV + Pharmacy Consult (Required)	Selection
[]	vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses, Post-op On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis
	Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Surgical Prophylaxis Duration of Therapy (Days): Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration Indication: Implanted Device Prophylaxis
Seizure	e Prophylaxis (Single Response)	
	ETIRAcetam (KEPPRA) tablet	500 mg, oral, every 12 hours, Post-op
() levE	ETIRAcetam (KEPPRA) IV	500 mg, intravenous, every 12 hours, Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Antiemetics

Antiemetics	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Red	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op
	Give if patient is UNable to tolerate oral medication OR if a faster onset or
	action is required.
[] promethazine (PHENERGAN) IV or Oral or Recta	al "Or" Linked Panel
[] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
[] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 m	
days) - For Patients LESS than 65 years old	hours, Post-op
days) 1 of 1 attents EEGO than 05 years old	ποιίτο, τ΄ σοι σρ
PRN Medications - Symptom Management	
[X] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op
[] Itching - Neurosurgery medications (Single Response	·
Avoid diphenhydramine use in patients over 70 ye	
Avoid diprierinydramine use in patients over 70 y	ears old when possible.
() potinizing (7) (TEC) toblet	Fina aral daily DDN itahing Doct on
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
() diphenhydrAMINE (BENADRYL) injection	12.5 mg, intravenous, every 12 hours PRN, itching, Post-op
PRN Medications - Bowel Management	
[] magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation, Post-op
[] bisacodyl (DULCOLAX) EC tablet	5 mg, oral, daily PRN, constipation, Post-op
[] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op
	150 mL, oral, daily PRN, constipation, For 2 Doses, Post-op
[] magnesium citrate solution	150 IIIL, Orai, daily PKN, constipation, For 2 Doses, Post-op
PRN Medications - Bowel Management	
[] saline,mineral oil,glycerin (S.M.O.G.) enema	180 mL, rectal, once, Post-op
PRN Medications - Pain - Pain Score (1-3) (Single	Response)
() acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, mild pain (score 1-3),
() acetaminophen (1 i Ecitoc) tablet	Post-op
() traMADol (ULTRAM) tablet	25 mg, oral, every 4 hours PRN, mild pain (score 1-3),
	Post-op
	Maximum Daily Dose: 200 mg/day
	Allowance for Patient Preference:
PRN Medications - Pain - Pain Score (4-6) (Single	Response)
() HYDROcodone-acetaminophen (NORCO) 5-325	mg per 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6),
tablet	Post-op
asiot	Allowance for Patient Preference:
() acotominantan adding (TVLENOL #2) 200 20 =	
() acetaminophen-codeine (TYLENOL #3) 300-30 n tablet	ng per 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op
	The use of codeine-containing products is contraindicated in
	patients LESS THAN 12 years of age. Is this patient OVER 12
	years of age? Y/N:
	Allowance for Patient Preference:
() traMADal (III TRAM) tablet	
() traMADol (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6),
	Post-op Maximum Daily Dage: 200 mg/day
	Maximum Daily Dose: 200 mg/day
	Allowance for Patient Preference:
D. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	D 0 10

) HYDROcodone-acetaminophen (NORCO) 5-3 tablet	25 mg per 2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Allowance for Patient Preference:
acetaminophen-codeine (TYLENOL #3) 300-3 tablet	
) fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op Allowance for Patient Preference:
) morPHINE injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Allowance for Patient Preference:
hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
CA Medications - Not HMSJ (Single Response)
fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 ml Nursing PCA Orders	. +
[] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 Response)	mL (Single
() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA solution for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout: 10 Minutes Four Hour Dose Limit: 150 mcg intravenous, continuous, Post-op For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mc ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
	Adjust doses for age, renal function or other factors.
[] Nursing PCA Orders	
[] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change, Post-op
[] PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump date the following must be documented: doses delivered, number of attemptotal amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume)., Post-op
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button., Post-op
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider score 3 or 4., Post-op

[]	Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op
[]	Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention, Post-op
	IV Fluids for provision of PCA Therapy (Single Response)	
$\overline{()}$	sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous, Post-op
()	dextrose 5% infusion	30 mL/hr, intravenous, continuous, Post-op
	dromorPHONE PCA (DILAUDID) 15 mg/30 mL - ursing PCA Orders	+
[]	hydromorPHONE PCA (DILAUDID) 15 mg/30 m Response)	L (Single
()	hydromorPHONE (DILAUDID) 15 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout: 10 Minutes MAX (Four hour dose limit): 3 mg intravenous, continuous, Post-op For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
	Numerican DOA Ondone	Adjust doses for age, renal function or other factors.
[]	Nursing PCA Orders	Douting Day unit protocol
	Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change, Post-op
[]	PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume)., Post-op
[]	Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button., Post-op
[]	Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4., Post-op
	Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op

	Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90)
		- Excessive nausea or vomiting
l		- Urinary retention, Post-op
[]	IV Fluids for provision of PCA Therapy (Single Response)	
) sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous, Post-op
) dextrose 5% infusion	30 mL/hr, intravenous, continuous, Post-op
() <u>m</u>	norPHINE PCA 30 mg/30 mL + Nursing PCA Orde	
	morPHINE PCA 30 mg/30 mL (Single Response	,
) morPHINE PCA 30 mg/30 mL in sodium chloride 0.9% for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 20 mg intravenous, continuous, Post-op For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours
		as needed. If pain persists, may increase PCA demand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
		Adjust doses for age, renal function or other factors.
[]	Nursing PCA Orders	
] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then
		 Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then
		- Every 4 hours until PCA therapy is discontinued.
		- Immediately following PCA administration tubing change, Post-op
[]	PCA Documentation	Routine, Every 12 hours
		At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume)., Post-op
[]	Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences
		Patient/Family:
		Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button., Post-op
[]	Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S
	'	Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4., Post-op
[]	Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason
		- Inadequate analgesia
		- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV
		PCA therapy
		- PCA pump discontinued by any service other than the prescriber
_		responsible for IV PCA therapy, Post-op
[]	Stop the PCA pump and call ordering physician and/or CERT team for any of the	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less
	following:	- Severe and/or recent confusion or disorientation
	ŭ	- POSS sedation level 4: Somnolent and difficult to arouse
		- Sustained hypotension (SBP less than 90)
		- Excessive nausea or vomiting
[]	IV Fluids for provision of PCA Therapy (Single	- Urinary retention, Post-op
'	Response)	
) sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous, Post-op
()) dextrose 5% infusion	30 mL/hr, intravenous, continuous, Post-op
Drintod	l on 10/22/2022 at 12:55 DM from Draduation	Dog 11 of 22

PCA Medications - HMSJ Only (Single Response) () fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders [] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL (Single Response) () fentaNYL (SUBLIMAZE) 1500 mcg/30 mL Nurse Loading Dose: Not Ordered
PCA Dose: 10 PCA solution for Opioid Naive mcg
Lockout: 10 Minutes
Four Hour Dose Limit: 150 mcg intravenous, continuous, Post-op For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mcg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. Adjust doses for age, renal function or other factors. [] Nursing PCA Orders [] Vital signs - T/P/R/BP Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change, Post-op [] PCA Documentation Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume)., Post-op Routine, Once, Starting S For 1 Occurrences [] Patient education Pain pump Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button., Post-op [] Pasero Opioid-induced Sedation Scale Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4., Post-op [] Notify Physician Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op Routine. Until discontinued, Starting S, - Respiratory rate 10 per minute Stop the PCA pump and call ordering physician and/or CERT team for any of the or less following: Severe and/or recent confusion or disorientation POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting Urinary retention, Post-op [] IV Fluids for provision of PCA Therapy (Single

Response)

() sodium chloride 0.9 % infusion 30 mL/hr, intravenous, continuous, Post-op () dextrose 5% infusion 30 mL/hr, intravenous, continuous, Post-op

() hydromorPHONE PCA (DILAUDID) 30 mg/30 mL + Nursing PCA Orders

[] hydromorPHONE PCA (DILAUDID) 30 mg/30 mL (Single

Response)

() hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 3 mg intravenous, continuous, Post-op For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
II. N. wiss BOA Oslaw	Adjust doses for age, renal function or other factors.
Nursing PCA Orders	Destine Descrit sectoral
[] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change, Post-op
[] PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume)., Post-op
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button., Post-op
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4., Post-op
[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention, Post-op
[] IV Fluids for provision of PCA Therapy (Single	<u>'</u>
Response)	001 //
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous, Post-op
() dextrose 5% infusion	30 mL/hr, intravenous, continuous, Post-op
() morPHINE PCA 30 mg/30 mL + Nursing PCA Ord	
 [] morPHINE PCA 30 mg/30 mL (Single Respons () morPHINE PCA 30 mg/30 mL in sodium chloride 0.9% for Opioid Naive 	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 20 mg intravenous, continuous, Post-op For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
[] Nursing PCA Orders	Adjust doses for age, renal function or other factors.

[] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued.
	- Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change, Post-op
[] PCA Documentation	Routine, Every 12 hours
[] FOA Documentation	At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume)., Post-op
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences
	Patient/Family:
	Education for: Pain pump
	Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button., Post-op
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S
	Assess POSS while patient has an active PCA order. Contact provider in
	score 3 or 4., Post-op
[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion
	discontinued for any reason - Inadequate analgesia
	 Prior to administration of any other narcotics, antiemetics, or
	sedatives other than those ordered by the prescriber responsible for IV
	PCA therapy
	- PCA pump discontinued by any service other than the prescribe
	responsible for IV PCA therapy, Post-op
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less
following:	 Severe and/or recent confusion or disorientation
•	 POSS sedation level 4: Somnolent and difficult to arouse
	- Sustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting
	- Urinary retention, Post-op
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous, Post-op
() dextrose 5% infusion	30 mL/hr, intravenous, continuous, Post-op
espiratory Depression and Somnolence	
(] naloxone (NARCAN) injection	0.2 mg, intravenous, once PRN, respiratory depression, as
	needed for respiratory rate 8 per minute or less OR patient
	somnolent and difficult to arouse (POSS GREATER than 3).,
	Post-op
	Repeat Naloxone 0.2 mg once in 2 minutes if necessary
	(MAXIMUM 0.4 mg).
	If naloxone is needed, please call the ordering physician
	and/or CERT
	team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3
	times.
TE	
	(Calcation Deguired)
VT Risk and Prophylaxis Tool (Single Response)	(Selection Required)

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

Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	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):
/ Discommendation of the commendation of the c	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)	D. C. DAOLLO D. C.
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:
1. Dioce convential community device (O')	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):
() Place/Maintain acquential accounts:	PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
	Nor for
 High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis 	
Required)	(Selection
] High risk of VTE	Routine, Once, PACU & Post-op
	Routine, Once
] Patient currently has an active order for therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
, g	therapeutic anticoagulation for other indication.
prophylaxis	Therapy for the following:
] Place sequential compression device (Single	PACU & Post-op
7.	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
() Place/Maintain acquential compression	Routine, Continuous, PACU & Post-op
() Place/Maintain sequential compression device continuous	· · · · · · · · · · · · · · · · · · ·
High Risk - Patient currently has an active ord	
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.
	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 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 of VTE	Routine, Once, PACU & Post-op
 Moderate Risk Pharmacological Prophylaxis - Station (Single Response) (Selection Required 	
() Contraindications exist for pharmacologic pro BUT order Sequential compression device	phylaxis "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 properties AND mechanical prophylaxis 	phylaxis "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	Routine, Once No mechanical VTE prophylaxis due to the following

(Selection Required)

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
 For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous 	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) MODERATE Risk of DVT - Non-Surgical (Selectio Required)	n
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm	echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)	
 () Contraindications exist for pharmacologic prop Order Sequential compression device 	ohylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op

	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
	Contraindications exist for pharmacologic prophylaxis	phylaxis "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 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, PACU & Post-op Indication(s):
()	For CrCl GREATER than or EQUAL TO 30 r	· ,
_	enoxaparin (LOVENOX) subcutaneous	
[enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
	. ,	Indication(s): 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
()] enoxaparin (LOVENOX) injection	Indication(s): 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):
()] enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES
()	neparin (LOVENOX) injection fondaparinux (ARIXTRA) injection heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients	Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
()] enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
() () () ()	neparin (LOVENOX) injection fondaparinux (ARIXTRA) injection heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, PACU & Post-op
() () () () ()	neparin (LOVENOX) injection heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet	Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication:
() () () () () () R	neparin (Porcine) injection heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) Mechanical Prophylaxis (Single Response) (See	Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication:

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

Printed on 10/23/2023 at 12:55 PM from Production

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
) HI	GH Risk of DVT - Non-Surgical (Selection Re	quired)
	gh Risk Definition	via must be addressed

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
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@	

doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxaparin	(LOVENOX)
subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 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 heparin (porcine) injection (Recommended for patients with high right of blooding, a g	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:

() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
[] Mechanical Prophylaxis (Single Response) (S Required)	election	
() Contraindications exist for mechanical	Routine, Once	
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):	
propriytanto	PACU & Post-op	
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op	
device continuous	reduite, continuous, i reco a rost op	
() HIGH Risk of DVT - Surgical (Hip/Knee) (Selecti	on	
Required)	011	
High Risk Definition		
	a must be addressed	
Both pharmacologic AND mechanical prophylaxi		
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	myeloproliterative disorders)	
Acute spinal cord injury with paresis		
Multiple major traumas		
Abdominal or pelvic surgery for CANCER		
Acute ischemic stroke		
History of PE		
Thotory of T E		
[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once, PACU & Post-op	
[] High Risk Pharmacological Prophylaxis - Hip		
(Arthroplasty) Surgical Patient (Single Respor		
(Selection Required)	,	
() Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
p. 5p.1,16.115	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		
apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op	
[] aphaban (EEI Golo) tablet	Indications: VTE prophylaxis	
Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S	
(ELIQUIS) therapy	Indications: VTE prophylaxis	
() enoxaparin (LOVENOX) injection (Single Re		
(Selection Required)		
Patient renal status: @CRCL@		
r due in remai etatae. Genteze		
For patients with CrCl GREATER than or EQ	UAL to 30mL/min, enoxaparin orders will apply the following recommended	
doses by weight:	у	
Weight Dose		
LESS THAN 100kg enoxaparin 40mg daily		
100 to 139kg enoxaparin 30mg every 12 hou	ırs	
GREATER THAN or EQUAL to 140kg enoxa		
· ·		
() For CrCl LESS than 30mL/min - enoxaparir	n (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):	

Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) () Rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission () Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult o manage warfarin (COUMADIN) tablet () Pharmacy consult o manage warfarin (COUMADIN) (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous COVT Risk and Prophylaxis Tool (Single Response)			
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) () Rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission () Pharmacy consult to monitor rivaroxaban (XARELTO) threapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) tablet () Determination of the prophylaxis (Single Response) () Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Moderate risk of VTE () Place/Maintain sequential compression device continuous () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Single Response) () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active	()	fondaparinux (ARIXTRA) injection	If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced
for patients with high risk of bleeding, e.g., weight < 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 () Rivaroxaban and Pharmacy Consult (Selection Required) () Rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission () Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) (COUMADIN) () Pharmacy consult to manage warfarin (COUMADIN) (COUMADIN) () Polacei/Maintain sequential compression device continuous DYT Risk and Prophylaxis Tool (Single Response) () Placei/Maintain sequential compression device Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Moderate risk of VTE () Places equential compression device continuous PACU & Post-op () Place sequential compression device order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Moderate risk of VTE () Places equential compression device continuous Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Moderate risk of VTE () Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis PACU & Post-op () Place Response) () Contraindications exist for mechanical prophylaxis with risk stratification (Single Response) () Moderate risk of VTE () Place Response) () Response Respon	()	heparin (porcine) injection	
with weight GREATER than 100 kg Post-op For patients with weight GREATER than 100 kg. () Rivaroxaban and Pharmacy Consult (Selection Required) (] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission (] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy (] warfarin (COUMADIN) tablet (] Pharmacy consult to manage warfarin (COUMADIN) tablet (] Mechanical Prophylaxis (Single Response) (Selection Required) (] Contraindications exist for mechanical prophylaxis ward to the following contraindication (space) table to the following contraindication (space) table to the following contraindication (space) table tab	• • •	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy [] warfarin (COUMADIN) tablet [] Pharmacy consult to manage warfarin (COUMADIN) tablet [] Pharmacy consult to manage warfarin (COUMADIN) [] Mechanical Prophylaxis (Single Response) (Selection Required) [] Contraindications exist for mechanical prophylaxis [] Place/Maintain sequential compression device (Single Response) [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulation or other indication. Therapy for the following: PACU & Post-op [] Place sequential compression device (Single Response) [] Contraindications exist for mechanical prophylaxis [] Place anticoagulant or VTE prophylaxis (Selection Required) [] Place anticoagulant or VTE prophylaxis (Selection Required) [] Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)			Post-op
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet [Ordinary consult to manage warfarin (COUMADIN) [Ordinary consult to manage warfarin (Coumanical and to to the following consult to to the following consult to for the following consult t	()		·
(XARELTO) therapy Indications: VTE prophylaxis () warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1, PACU & Post-op Indication: () Pharmacy consult to manage warfarin (COUMADIN) () Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous DVT Risk and Prophylaxis Tool (Single Response) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Patient currently has an active order for therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op [] Patient currently has an active order for therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op [] Patient currently has an active order for therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op [] Place Sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis for mechanical prophylaxis due to the following contraindication (S): PACU & Post-op [] Place/Maintain sequential compression device (Single Response) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	[]	rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this	
Indication:	[]		
(COUMADIN) Indication: Mechanical Prophylaxis (Single Response) (Selection Required)	()	warfarin (COUMADIN) tablet	
Required) () Contraindications exist for mechanical prophylaxis	()		_
() Contraindications exist for mechanical prophylaxis		Mechanical Prophylaxis (Single Response) (Sele	ection
() Place/Maintain sequential compression device continuous POUT Risk and Prophylaxis Tool (Single Response) () Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis		Contraindications exist for mechanical	No mechanical VTE prophylaxis due to the following contraindication(s):
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE Routine, Once, PACU & Post-op [] Patient currently has an active order for therapeutic anticoagulant or VTE No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op [] Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	()	·	
anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE Routine, Once, PACU & Post-op [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Response) [] Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis [] Place/Maintain sequential compression device (Single Response) () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	VT Ri	sk and Prophylaxis Tool (Single Response)	
() Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE Routine, Once, PACU & Post-op [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op [] Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis [] Pacu & Post-op [] Place/Maintain sequential compression device (Single Response) () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	anti	coagulant or VTE prophylaxis with Risk Stratific	
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Patient currently has an active order for therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op	() N tl	Moderate Risk - Patient currently has an active on the herapeutic anticoagulant or VTE prophylaxis (Se	
therapeutic anticoagulant or VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op [] Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)			
() Contraindications exist for mechanical prophylaxis		therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
prophylaxis No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op			
device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	()	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
therapeutic anticoagulant or VTE prophylaxis (Selection Required)	()	· · · · · · · · · · · · · · · · · · ·	Routine, Continuous, PACU & Post-op
	tl	herapeutic anticoagulant or VTE prophylaxis (Se	
			Routine, Once, PACU & Post-op

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) 	
[] High risk of VTE	Routine, Once, PACU & Post-op
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single	Response)
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) 	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	·
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fa	actors
[] Low Risk (Single Response) (Selection Requi	red)
() Low risk of VTE	Routine, Once Low 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

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

[1] Madarata Diak (Calaatian Damirad)	
[] Moderate Risk (Selection Required) [] Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk of VTE Moderate Risk Pharmacological Prophylaxis - Sur Patient (Single Response) (Selection Required)	·
() Contraindications exist for pharmacologic proph BUT order Sequential compression device	ylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 () Contraindications exist for pharmacologic proph AND mechanical prophylaxis 	ylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Responsable (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 enoxapar	L 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	OVENOX)
[] 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	/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

] Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)	tion
) Contraindications exist for pharmacologic prop Order Sequential compression device	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	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 Respo (Selection Required)	nse)
	Patient renal status: @CRCL@	

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

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 High Diak (Calaction Descriped)	
High Risk (Selection Required)	Pouting Once DACIL® Post on
[] High risk of VTE[] High Risk Pharmacological Prophylaxis - Surgion	Routine, Once, PACU & Post-op
 High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required) 	zai Patient
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
1 -1 9	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Resp	ponse)
(Selection Required)	
Patient renal status: @CRCL@	
For natients with CrCl GREATER than or FOL	JAL to 30mL/min, enoxaparin orders will apply the following recommended
doses by weight:	The to domestim, choxapatin orders will apply the following recommended
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hours	S
GREATER THAN or EQUAL to 140kg enoxap	
	•
() For CrCl LESS than 30mL/min - enoxaparin	(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 n	
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	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
() (00) (00) (00)	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op
() 5	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:

Printed on 10/23/2023 at 12:55 PM from Production

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 Red	quired)
	High Dick Definition	

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 - Nor	n-Surgical
Patient (Single Response) (Selection Require	ed)
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Re	esponse)
(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 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	mL/min -
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op
	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:

() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Selection Required)	ection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
propriyidatio	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	reduine, continuous, i reco a rest op
() HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	
Required)	
High Risk Definition	
	must be addressed
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; my	
Severe fracture of hip, pelvis or leg	reliabilities alive disorders)
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip or	Knee
(Arthroplasty) Surgical Patient (Single Response	
(Selection Required)	
() Contraindications exist for pharmacologic	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 Re	· · · ·
[] 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 Resp	onse)
(Selection Required)	
Patient renal status: @CRCL@	
·	AL 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 enoxapa	arin 40mg every 12 nours
() For CrCl LESS than 30mL/min - enoxaparin (I OVENOX)
subcutaneous Daily at 1700	LOVENOA)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op
[] Glionapaini (LOVEINON) liljeolioli	Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m	· ·
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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	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 (Select 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) (Required)	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 Labs	Routine, Continuous, PACU & Post-op
Labs - STAT	
[] Hemoglobin and hematocrit	STAT For 1 Occurrences, PACU & Post-op
[] Basic metabolic panel	STAT For 1 Occurrences, PACU & Post-op
[] CBC hemogram	STAT For 1 Occurrences, PACU & Post-op
[] Partial thromboplastin time	STAT For 1 Occurrences, PACU & Post-op
Prothrombin time with INR	STAT For 1 Occurrences, PACU & Post-op
Phenytoin level, free Phenytoin level	STAT For 1 Occurrences, PACU & Post-op STAT For 1 Occurrences, PACU & Post-op
Labs - Tomorrow A.M.	STATT OF T Occurrences, TAGO & TOST-OP
	AM draw For 4 Occurrences DACLL® Doct on
[] Hemoglobin and hematocrit	AM draw For 1 Occurrences, PACU & Post-op
[X] Basic metabolic panel	AM draw For 1 Occurrences, PACU & Post-op
[X] CBC hemogram	AM draw For 1 Occurrences, PACU & Post-op
Partial thromboplastin time Prothrombin time with INR	AM draw For 1 Occurrences, PACU & Post-op
Phenytoin level, free	AM draw For 1 Occurrences, PACU & Post-op AM draw For 1 Occurrences, PACU & Post-op
	AM draw For 1 Occurrences, PACU & Post-op AM draw For 1 Occurrences, PACU & Post-op
	Aivi draw 1 or 1 Occumences, FACO & Fost-op
Imaging	
Diagnostic MRI/MRA	
[] MRI Brain W Contrast	Routine, 1 time imaging, Starting S+1 For 1 Perform early A.M., PACU & Post-op

[] MRI Brain Wo Contrast	Routine, 1 time imaging, Starting S+1 For 1 Perform early A.M., PACU & Post-op
[] MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S+1 For 1 Perform early A.M., PACU & Post-op
ст	
[] CT Head Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Perform in PACU, PACU & Post-op
Respiratory	
Respiratory	
[X] Oxygen therapy - Simple face mask	Routine, Continuous Device: Simple Face Mask Rate in liters per minute: 6 Lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Immediate post-op period Device 2: Device 3:
[] Mechanical ventilation	Wean prn., PACU & Post-op Routine, PACU & Post-op Mechanical Ventilation: Vent Management Strategies: Adult Respiratory Ventilator Protocol
Consults	
Consults For Physician Consult orders use sidebar	
For Physician Consult orders use sidebar	
For Physician Consult orders use sidebar Ancillary Consults [] Consult to Case Management	Consult Reason: PACU & Post-op
For Physician Consult orders use sidebar Ancillary Consults	
For Physician Consult orders use sidebar Ancillary Consults [] Consult to Case Management [] Consult to Social Work	PACU & Post-op Reason for Consult: PACU & Post-op Reasons for referral to Physical Therapy (mark all applicable) Post Neuromuscular or Musculoskeletal Surgery Care. 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:
For Physician Consult orders use sidebar Ancillary Consults [] Consult to Case Management [] Consult to Social Work [X] Consult PT eval and treat	PACU & Post-op Reason for Consult: PACU & Post-op Reasons for referral to Physical Therapy (mark all applicable) Post Neuromuscular or Musculoskeletal Surgery Care. 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: PACU & Post-op Special Instructions: Location of Wound?
For Physician Consult orders use sidebar Ancillary Consults [] Consult to Case Management [] Consult to Social Work [X] Consult PT eval and treat [] Consult to PT Wound Care Eval and Treat	PACU & Post-op Reason for Consult: PACU & Post-op Reasons for referral to Physical Therapy (mark all applicable) Post Neuromuscular or Musculoskeletal Surgery Care. 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: PACU & Post-op Special Instructions:
For Physician Consult orders use sidebar Ancillary Consults [] Consult to Case Management [] Consult to Social Work [X] Consult PT eval and treat [] Consult to PT Wound Care Eval and Treat	PACU & Post-op Reason for Consult: PACU & Post-op Reasons for referral to Physical Therapy (mark all applicable) Post Neuromuscular or Musculoskeletal Surgery Care. 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: PACU & Post-op Special Instructions: Location of Wound? PACU & Post-op Reason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming) 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:
Ancillary Consults [] Consult to Case Management [] Consult to Social Work [X] Consult PT eval and treat [] Consult to PT Wound Care Eval and Treat [X] Consult OT eval and treat	PACU & Post-op Reason for Consult: PACU & Post-op Reasons for referral to Physical Therapy (mark all applicable) Post Neuromuscular or Musculoskeletal Surgery Care. 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: PACU & Post-op Special Instructions: Location of Wound? PACU & Post-op Reason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming) 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: PACU & Post-op Reason For Consult? Purpose/Topic:

[] 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:
	PACU & Post-op
[] Consult to Respiratory Therapy	Reason for Consult?
	PACU & Post-op
[] Consult Intensive Care	Reason for Consult? Decline in ADL performance from baseline
	Patient/Clinical information communicated? Telephone
	Patient/clinical information communicated? Telephone
	PACU & Post-op
[] Consult Physical Medicine Rehab	Reason for Consult?
	Patient/Clinical information communicated?
	i adony omnou miornadon communicatou.
	Patient/clinical information communicated?