Ventriculoperitoneal (VP) Shunt Post-Op [1820]

General	
Common Present on Admission Diagnosis	
[] Acidosis	Post-op
Acute Post-Hemorrhagic Anemia	Post-op
Acute Renal Failure	Post-op
Acute Respiratory Failure	Post-op
Acute Thromboembolism of Deep Veins of Lower	Post-op
Extremities	1 33. 35
[] 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
Destructive Chronic Bronchitis with Exacerbation	Post-op
[] Other Alteration of Consciousness	Post-op
Other and Unspecified Coagulation Defects	Post-op
Other Pulmonary Embolism and Infarction	Post-op
[] Phlebitis and Thrombophlebitis	Post-op
Protein-calorie Malnutrition	Post-op
[] Psychosis, unspecified psychosis type	Post-op
Schizophrenia Disorder	Post-op
[] Sepsis	Post-op
Septic Shock	Post-op
[] Septicemia	Post-op
[] Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
[] Urinary Tract Infection, Site Not Specified	Post-op
Elective Outpatient, Observation, or Admission (Single F	Response)
	Routine, Continuous, PACU & Post-op
() Elective outpatient procedure: Discharge following routine recovery	Rodulie, Continuous, PACO & 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:
() A Lo26 (a Lo co Co of	PACU & Post-op
() Admit to Inpatient	Admitting Physician: Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
	PACU & Post-op
Admission or Observation (Single Response)	

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

[] Consult to Palliative Care Service	Priority: Reason for Consult?
	Order?
	Name of referring provider:
[] Consult to Social Work	Enter call back number: Reason for Consult:
) Modified Code	Post-op Did the nationt/surragete require the use of an interpreter?
) 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 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
solation	
Airborne isolation status	
[] Airborne isolation status	Details Once Post on
[] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Post-op
Contact isolation status	Details
Droplet isolation status	Details
Enteric isolation status	Details
recautions	
Aspiration precautions	PACU & Post-op
(] 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
lursing	
ital Signs (Single Response)	
K) Vital signs - T/P/R/BP	Routine, Per unit protocol, PACU & Post-op
ctivity	
Up with assistance	Routine, Until discontinued, Starting S Specify: Up with assistance PACU & Post-op
Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated
Strict bed rest	PACU & Post-op Routine, Until discontinued, Starting S, PACU & Post-op
Bed rest	Routine, Until discontinued, Starting S, PACU & Post-op
,,	Routine, Once, PACU & Post-op
Head of bed flat	· · · · · · · · · · · · · · · · · · ·
Head of bed flat Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees PACU & Post-op

[Y] Nourological accomment	Pouting Every 4 hours
[X] Neurological assessment	Routine, Every 4 hours Assessment to Perform: Level of Consciousness, Cranial
	Nerves, Glasgow Coma Scale
	PACU & Post-op
[X] Assess operative site bandage	Routine, Every 8 hours
	Assess: operative site bandage
[V] Ctraight anth	PACU & Post-op
[X] Straight cath	Routine, Every 6 hours If unable to void after second straight cath, insert Foley and
	call physician., 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
	to gravity/bedside drain, PACU & Post-op
[X] Notify Physician if unable to void after	Routine, Until discontinued, Starting S, PACU & Post-op
second attempt at straight cath and Foley	
inserted	Doubling Once
[] Surgical/incision site care	Routine, Once Location:
	Site:
	Apply:
	Dressing Type:
	Open to air?
	PACU & Post-op
[X] Reinforce dressing	Routine, As needed
	Reinforce with: If saturated. Call physician., PACU & Post-op
[X] Intake and output	Routine, Per unit protocol, PACU & Post-op
No anticoagulants INcluding UNfractionated hep	
[] The analoguiante interacing of independent nop	Reason for "No" order:
	PACU & Post-op
[] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S
	Reason for "No" order:
	PACU & Post-op
Notify	
[X] Notify Physician if acute change in neurological	status Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician bleeding at site	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician of No Bowel Movement for mor	
72 hours	reduine, erim decerminating e, i rice a reaction
Diet	
[] NPO	Diet effective now, Starting S
	NPO:
	Pre-Operative fasting options: An NPO order without explicit exceptions means nothing can
	be given orally to the patient., PACU & Post-op
I	bo given erang to the patients, i mod a root op

[] 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: PACU & Post-op
[] Diet - Full liquids	Diet effective now, Starting S Diet(s): Full Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op
[] Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op
[] Diet - Heart healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op
[] Diet - 2000 Kcal/225 gm Carb	Diet effective now, Starting S Diet(s): 2000 Kcal/225 gm Carbohydrate Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: 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
Education	
[X] Patient education - Activity	Routine, Once Patient/Family: Education for: Activity PACU & Post-op
[X] Patient education - Deep breathing and coughing exercises	Routine, Once Patient/Family: Education for: Other (specify) Specify: Deep breathing and coughing exercises PACU & Post-op
[X] Patient education - Incentive spirometry	Routine, Once Patient/Family: Education for: Incentive spirometry PACU & Post-op

[X] Patient education - Pain management	Routine, Once
	Patient/Family: Education for: Other (specify)
	Specify: Pain management
	PACU & Post-op
[] Patient education - Smoking cessation	Routine, Once
	Patient/Family:
	Education for: Smoking cessation counseling PACU & Post-op
[X] Patient education - Wound care	Routine, Once
. 1	Patient/Family:
	Education for: Other (specify)
	Specify: Wound care
	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 r	
infusion	
dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEg/L infusion - for NPO Pa	intravenous, continuous, Post-op
potassium chionde 20 meq/L iniusion - 101 NPO Pa	allerits
Medications	
Seizure Prophylaxis (Single Response)	
	500 are and average 40 hours. Doct are
() levETIRAcetam (KEPPRA) tablet () levETIRAcetam (KEPPRA) IV	500 mg, oral, every 12 hours, Post-op 500 mg, intravenous, every 12 hours, Post-op
() lever invacetatii (NEFFINA) IV	Per Med Staff Policy, R.Ph. will automatically switch IV to
	equivalent PO dose when above approved criteria are
	satisfied:
Antibiotics (Single Response)	
· · · · · ·	ita
 () Antibiotics - Neurosurgery - patients with surgical s drains 	ite
Antibiotics: For Patients LESS than or EQUAL to	o 120 ka
[] 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
[] cefepime (MAXIPIME) IV	guidelines for surgical prophylaxis for the stop date/duration 2 g, intravenous, every 12 hours, Post-op
[] cefepime (MAXIPIME) IV	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
[] Dharmany concult to manage year construction	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
[] cofonimo (NAN VIDINAE) IV	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
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[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses, Post-op
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	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
Antibiotics - Neurosurgery - patients withOUT sur	
site drains Antibiotics: For Patients LESS than or EQUAL	to 120 kg
cefazolin (ANCEF) IV - until drains removed	2 g, intravenous, once, For 1 Doses, Post-op
[] Cerazonii (ANCLI) IV - unui dianis removed	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
11(' /AAAV/IDIAAE\ I\/	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
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[1]	Reason for Therapy: Surgical Prophylaxis
	Duration of Therapy (Days):
	Surgical Prophylaxis: Please follow institutional and service line-specifi
	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	2 g, intravenous, once, For 1 Doses, Post-op
	Reason for Therapy: Surgical Prophylaxis
	Reason for Therapy. Surgical Frophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
1 cefepime (MAXIPIME) IV	Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
[] cefepime (MAXIPIME) IV	Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration 2 g, intravenous, once, For 1 Doses, Post-op
[] cefepime (MAXIPIME) IV	Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration 2 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
[] cefepime (MAXIPIME) IV	Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration 2 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific
[] vancomycin 15 mg/kg IV + Pharmacy Consult	Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration 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)	Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration 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 t (Selection
[] vancomycin 15 mg/kg IV + Pharmacy Consult	Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration 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 t (Selection 15 mg/kg, intravenous, once, For 1 Doses, Post-op
[] vancomycin 15 mg/kg IV + Pharmacy Consult Required)	Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration 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 t (Selection 15 mg/kg, intravenous, once, For 1 Doses, Post-op On call to cath lab. Transport antibiotics with patient to cath lab and
[] vancomycin 15 mg/kg IV + Pharmacy Consult Required)	Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration 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 t (Selection 15 mg/kg, intravenous, once, For 1 Doses, Post-op

	guidelines for surgical prophylaxis for the stop date/duration Indication: Implanted Device Prophylaxis
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 (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly, 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
[] magnesium citrate solution	150 mL, oral, daily PRN, constipation, For 2 Doses, Post-op
Antiemetics	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Re	equired) "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 of action is required.
[] promethazine (PHENERGAN) IV or Oral or Rec	·
[] 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 r days) - For Patients LESS than 65 years old	ng over 3 1 patch, transdermal, Administer over: 72 Hours, every 72 hours, Post-op
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 Resp	<u> </u>
Avoid diphenhydramine use in patients over 70	· · · · ·
() 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 - Pain - Pain Score (1-3) (Single	e Response)
() acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, mild pain (score 1-3), 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:

() HYDROcodone-acetaminophen (NORCO) 5 tablet	Post-op Allowance for Patient Preference:
() acetaminophen-codeine (TYLENOL #3) 300 tablet	-30 mg 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:
() traMADol (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum Daily Dose: 200 mg/day Allowance for Patient Preference:
PRN Medications - Pain - Pain Score (7-10) (S	ingle Response)
() HYDROcodone-acetaminophen (NORCO) 5 tablet	-325 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 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
PCA Medications - Not HMSJ (Single Respon	se)
() fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 Nursing PCA Orders	
[] fentaNYL PCA (SUBLIMAZE) 1500 mcg/3 Response)	60 mL (Single
() fentaNYL (SUBLIMAZE) 1500 mcg/30 m 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 *** 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	Poutine Per 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
[1] Decore Onicid indused Codetion Cools	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
[1 Nomy Nyoloidan	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 numb discontinued by any sorvice other than the prescriber
	 PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op
[] Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute
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) 15 mg/30 mL · Nursing PCA Orders	+
hydromorPHONE PCA (DILAUDID) 15 mg/30 m	ol (Single
Response)	
() hydromorPHONE (DILAUDID) 15 mg/30 mL in sodium chloride 0.9% PCA for Opioid	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout: 10 Minutes MAX (Four hour dose limit): 3 mg
Naive	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.
	increase in demand dose, can ordering prescriber.
	Adjust doses for age, renal function or other factors.
[] Nursing PCA Orders	Routine, Per unit protocol
[] Vital signs - T/P/R/BP	- 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.
I DCA Decumentation	- 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
[] IV Fluids for provision of PCA Therapy (Si	· · · · · · · · · · · · · · · · · · ·
Response)	
() 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	
[] morPHINE PCA 30 mg/30 mL (Single Res	
() 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 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 Response)	Officially retention, 1 ost op
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous, Post-op
() dextrose 5% infusion	30 mL/hr, intravenous, continuous, Post-op
PCA Medications - HMSJ Only (Single Response)	
() fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders	
[] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL Response)	. (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 *** mcg 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
[] Viidi oigilo 1/1/1421	 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 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 m Response)	L (Single
	() 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.
	I. Nursing DCA Orders	Adjust doses for age, renal function or other factors.
L,	Nursing PCA Orders State of the signs of the sign of t	Routine, Per unit protocol
	[] Vital Signs - 1/F/R/DF	 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
	(1	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
	Notify Physician	score 3 or 4., Post-op Routine, Until discontinued, Starting S, - PCA pump infusion
	[] Notify FifySiciali	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
	Stop the PCA pump and call ordering	responsible for IV PCA therapy, Post-op Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute
	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
<u>r</u> :	IV Fluids for provision of PCA Therapy (Single	- Urinary retention, Post-op
L.	Response)	
	() 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 Orde	
Γ.	I 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.
[] Nursing PCA Orders	Adjust doses for age, renal function or other factors.
[] Vital signs - T/P/R/BP	Routine, Per unit protocol
[] Vital signs 1777021	 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	
Response) () sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous, Post-op
() dextrose 5% infusion	30 mL/hr, intravenous, continuous, Post-op
Respiratory Depression and Somnolence	
[X] 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.

VTE

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

Patient currently has an active order for therapeu		
anticoagulant or VTE prophylaxis with Risk Strat		
(Single Response) (Selection Required)		
	Moderate Risk - Patient currently has an active order for	
therapeutic anticoagulant or VTÉ 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):	
() Diago/Maintain aggregation aggregation	PACU & Post-op	
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op	
) Moderate Risk - Patient currently has an activ		
therapeutic anticoagulant or VTE prophylaxis	(Selection	
Required) Moderate risk of VTE	Douting Once DACIL® Doct or	
<u> </u>	Routine, Once, PACU & Post-op	
[] Patient currently has an active order for	Routine, Once	
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.	
propriyiaxis	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	
1 1 7	contraindication(s):	
	PACU & Post-op	
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op	
) High Risk - Patient currently has an active ord	er for	
therapeutic anticoagulant or VTE prophylaxis	(Selection	
Required)		
[] High risk of VTE	Routine, Once, PACU & Post-op	
[] Patient currently has an active order for	Routine, Once	
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on	
prophylaxis	therapeutic anticoagulation for other indication.	
	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):	
() Place/Maintain sequential compression	PACU & Post-op Routine, Continuous, PACU & Post-op	
() Place/Maintain sequential compression device continuous	·	
) High Risk - Patient currently has an active ord		
	(Selection	
therapeutic anticoagulant or VTE prophylaxis	`	
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 for	actors
[] Low Risk (Single Response) (Selection Requ	ired)
() 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 F	Required)
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflan	Routine, Once, PACU & Post-op Surgical
() Contraindications exist for pharmacologic pr BUT order Sequential compression device	
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 pr AND mechanical prophylaxis	ophylaxis "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 Re	sponse)

(Selection Required)
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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

[] 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

Required)
Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

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

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

() warfarin (COUMADIN) tablet	and delicat 1700 Ctarting C. 1 DACLL 9 Deet on
	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) (Se Required)	
• •	Doubles Once
() 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 Requ	uirod)
	ulleu)
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V. Leiden, prothrombin vari	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; n 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	
HISTORY OF PE	
] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
 High Risk Pharmacological Prophylaxis - Non-Spatient (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	ponse)
(Selection Required)	
Patient renal status: @CRCL@	
Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQL doses by weight:	JAL to 30mL/min, enoxaparin orders will apply the following recommended
Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQL doses by weight: Weight Dose	JAL to 30mL/min, enoxaparin orders will apply the following recommended
Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily	
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	rs
Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily	rs
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	rs parin 40mg every 12 hours
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	carin 40mg every 12 hours (LOVENOX)
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	rs parin 40mg every 12 hours
Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUID 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 enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 metals and the state of th	(LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
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	(LOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op
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 enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous	CLOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min -
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 enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	CLOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op 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.
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 enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	CLOVENOX) 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): mL/min - subcutaneous, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op Indication(s): 1 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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respond (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection I	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
Patient renal status: @CRCL@	

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 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, S+1 at 6:00 AM, PACU &
with weight GREATER than 100 kg	Post-op
	For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	ו
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op
knee arthroplasty planned during this	Indications: VTE prophylaxis
admission	
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op
,	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	ection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
VT Risk and Prophylaxis Tool (Single Response)	
Patient currently has an active order for therapeuti	
anticoagulant or VTE prophylaxis with Risk Stratifi	
(Single Response) (Selection Required)	Cation
	order for
 Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (\$ 	
	election
Required)	Pouting Once DACIL® Post on
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:
II Diagram and the control of the co	PACU & Post-op
Place sequential compression device (Single I	
() 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	

 () Moderate Risk - Patient currently has an activ therapeutic anticoagulant or VTE prophylaxis 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	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] Madagata Dialy (Calcation Descriped)		
[] Moderate Risk (Selection Required) [] Moderate risk of VTE Routine, Once, PACU & Post-op		
 Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) 		
() Contraindications exist for pharmacologic prophylaxis "And" Linked Panel		
BUT order Sequential compression device		
[] Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):	
	PACU & Post-op	
[] Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op	
device continuous		
 () Contraindications exist for pharmacologic proph AND mechanical prophylaxis 	ylaxis "And" Linked Panel	
[] Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
	contraindication(s):	
II. October Professor and the control	PACU & Post-op	
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following	
ριομηγιαχίο	contraindication(s):	
	PACU & Post-op	
() enoxaparin (LOVENOX) injection (Single Respo	nse)	
(Selection Required)		
Patient renal status: @CRCL@		
For patients with CrCl GREATER than or FOLIA	L to 30mL/min, enoxaparin orders will apply the following recommended	
doses by weight:	2 to containing recommended	
Weight Dose		
LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours		
		GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX)		
subcutaneous Daily at 1700		
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):	
() For CrCl GREATER than or EQUAL TO 30 mL	/min -	
enoxaparin (LOVENOX) subcutaneous		
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):	

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

traindications exist for pharmacologic hylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 traindications exist for mechanical ohylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
aparin (LOVENOX) injection (Single Respo ction 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

High Risk (Selection Required)	
] High risk of VTE	Routine, Once, PACU & Post-op
High Risk Pharmacological Prophylaxis - Sur	gical 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 Re (Selection Required)	esponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily	QUAL to 30mL/min, enoxaparin orders will apply the following recommende
100 to 139kg enoxaparin 30mg every 12 hor GREATER THAN or EQUAL to 140kg enoxa	
() For CrCl LESS than 30mL/min - enoxapari subcutaneous Daily at 1700	n (LOVENOX)
[1] anayonaria (LOV/ENIOV) injection	00 1 1 1 1 7 0 1 0 1 0 1 0 1 0 1
[] enoxaparin (LOVENOX) injection	Indication(s):
() For CrCl GREATER than or EQUAL TO 30	Indication(s):
	Indication(s):
() For CrCl GREATER than or EQUAL TO 30	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous	Indication(s): mL/min - subcutaneous, Starting S+1, PACU & Post-op
For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection	Indication(s): mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of
For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection	Indication(s): mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op
For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection	Indication(s): mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 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
For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection	Indication(s): mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 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.
For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection	Indication(s): subcutaneous, Starting S+1, PACU & Post-op Indication(s): 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
For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection	Indication(s): mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 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 medicatic 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):
For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection	Indication(s): mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 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 medicatic Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection	Indication(s): subcutaneous, Starting S+1, PACU & Post-op Indication(s): 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 medicatic Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended)	Indication(s): mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	Indication(s): mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended)	Indication(s): mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 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 medicatic Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 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 LES
() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Indication(s): mL/min - subcutaneous, Starting S+1, PACU & Post-op Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 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.
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() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) 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): Indication(s): subcutaneous, Starting S+1, PACU & Post-op Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 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 LESt than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1, PACU & Post-op

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Required)

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required) High risk of VTE	Routine, Once, PACU & Post-op
High Risk Pharmacological Prophylaxis - Non-	Surgical
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	sponse)
(Selection Required)	
Patient renal status: @CRCL@	

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxaparir	n (LOVENOX)
subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30	mL/min -
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op
, ,	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended	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	STAT, Until discontinued, Starting S
-	(COUMADIN) Mechanical Prophylaxis (Single Response) (Sele	Indication:
Required)		
	() Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
		PACU & Post-op
	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
)	HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	
,	Required)	
	High Risk Definition	
	Both pharmacologic AND mechanical prophylaxis m	nust be addressed.
	One or more of the following medical conditions:	t mutations, anticardialinin antihady ayadrama; antithrambia, protain C
	or protein S deficiency; hyperhomocysteinemia; mye	t mutations, anticardiolipin antibody syndrome; antithrombin, protein C
	Severe fracture of hip, pelvis or leg	siopromorativo disordoro,
	Acute spinal cord injury with paresis	
	Multiple major traumas	
	Abdominal or pelvic surgery for CANCER Acute ischemic stroke	
	History of PE	
-		
l	High Risk (Selection Required)	Pouting Once DACIL® Poet on
ī	[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Hip or k	Routine, Once, PACU & Post-op
ı	(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 Rec	•
	[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op
	[] Pharmacy consult to monitor apixaban	Indications: VTE prophylaxis STAT, Until discontinued, Starting S
	(ELIQUIS) therapy	Indications: VTE prophylaxis
	() enoxaparin (LOVENOX) injection (Single Respo	
	(Selection Required)	,
	Patient renal status: @CRCL@	
	For nationts with CrCLCREATED than or EQUAL to 20ml /min_anavanaria anders will apply the following recommended	
	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	
	GREATER THAN OF EQUAL TO 140kg effoxapar	in 40mg every 12 hours
	() For CrCl LESS than 30mL/min - enoxaparin (L	OVENOX)
	subcutaneous Daily at 1700	00 1 1 1 1 1 1 7 1 7 1 0 1 1 1 1 1 1 1 1
	[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
	() For CrCl GREATER than or EQUAL TO 30 mL	· · ·
	enoxaparin (LOVENOX) subcutaneous	
	[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op
		Indication(s):

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg 	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. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() Rivaroxaban and Pharmacy Consult (Selection	For patients with weight GREATER than 100 kg.
Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
Labs	
Labs	
[] Hemoglobin and hematocrit	Once, PACU & Post-op
Labs - AM	
[] Basic metabolic panel	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
CBC with platelet and differential Partial thromboplastin time	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
[] Prothrombin time with INR	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
Labs - AM Daily x 3	
[X] Hemoglobin	AM draw repeats For 3 Occurrences, PACU & Post-op
Imaging	
СТ	
[] CT Head Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Perform in PACU. Page Neurosurgery Resident if applicable., PACU & Post-op
[] CT Head Wo Contrast in AM	Routine, 1 time imaging, Starting S+1 For 1 , PACU & Post-op
X-ray	
[] Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op

[] Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU
[] Abdomen Ap And Lateral	& Post-op Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU
[] Shunt Series	& Post-op "And" Linked Panel
Shunt Series Name of the street is a street in the street in the street is a street in the	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Post-op
[] XR Shunt Series Head and Neck 2 Views	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Post-op
Respiratory	
Respiratory	
[X] Oxygen therapy - Simple face mask	Routine, Continuous
[-1	Device: Simple Face Mask
	Rate in liters per minute: 6 Lpm
	Titrate to keep O2 Sat Above: 92%
	Indications for O2 therapy:
	Device 2:
	Device 3: Wean prn., PACU & Post-op
[X] Incentive spirometry	Routine, Every hour
[A] incentive spirometry	While awake, PACU & Post-op
Conquito	
Consults	
For Physician Consult orders use sidebar	
Ancillary Consults	
[] Consult to Case Management	Consult Reason:
	PACU & Post-op
Consult to Social Work	Reason for Consult:
	PACU & Post-op
[X] Consult PT eval and treat	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
Onsult to PT Wound Care Eval and Treat	Special Instructions:
	Location of Wound?
77.0	PACU & Post-op
() Consult OT eval and treat	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
[] Consult to Nutrition Services	Reason For Consult?
	Purpose/Topic:
	PACU & Post-op
[] Consult to Spiritual Care	Reason for consult?
11 Concult to Speech Language Betheless	PACU & Post-op
[] Consult to Speech Language Pathology	Routine, Once Reason for consult:
	PACU & Post-op
	- · · · · · · · · · · · · · · · · · · ·

[] 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
Physician Consults [] Consult Intensive Care	Reason for Consult? Decline in ADL performance from
	baseline
	Patient/Clinical information communicated? Telephone
	Patient/clinical information communicated? Telephone
	r anome omnoun information communication i cropmone
	PACU & Post-op
[1 Consult Physical Medicine Rehab	PACU & Post-op Reason for Consult?
[] Consult Physical Medicine Rehab	PACU & Post-op Reason for Consult? Patient/Clinical information communicated?
[] Consult Physical Medicine Rehab	Reason for Consult?