Neuro Angiogram Post Procedure [1829]

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)	

Post-op

() Treatment Restrictions ((For use when a patient in a cardiopulmonary arrest))	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Post-op
[] Contact isolation status	Details
Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	PACU & Post-op
[X] Fall precautions	Increased observation level needed:
F1 Later was Care	PACU & Post-op
[] Latex precautions	PACU & Post-op
[] Seizure precautions	Increased observation level needed: PACU & Post-op
[] Spinal precautions	PACU & Post-op
Nursing	
Vital Signs (Single Response)	
(X) Vital signs - T/P/R/BP	Routine, Per unit protocol With Neuro exam, PACU & Post-op
(X) Vital signs - T/P/R/BP Activity (Selection Required)	
Activity (Selection Required)	With Neuro exam, PACU & Post-op
Activity (Selection Required) [] Strict bed rest [] Strict bed rest with legs straight for four hours [] Strict bed rest with legs straight for 6 hours	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S For 4 Hours, PACU & Post-op Routine, Until discontinued, Starting S For 6 Hours, PACU & Post-op Routine, Until discontinued, Starting S For 6 Hours, PACU & Post-op
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Side: Bilateral Every 15 minutes times 4, then every 30 minutes times 4, then every 60 minutes times 4, then every 40 hours times 4, then every 12 hours times 2 then stop., PACU & Post-op Routine, Conditional Frequency Affected area: To puncture site as needed for pain or swelling., PACU & Post-op Affected area: To puncture site as needed for pain or swelling., PACU & Post-op Routine, Once Location: Site: Apply: Dessing Type: Open to air? PACU & Post-op [X] Reinforce dressing Routine, Once Location: Site: Apply: Dessing Type: Open to air? PACU & Post-op [X] Bedside Glucose and Notify (Selection Required) Tand* Linked Panel [X] Bedside glucose Routine, Once For 10 Cocurrences In recovery, PACU & Post-op [X] Notify Physician of bedside blood glucose GREATER than 300 mg/cl. or LESS than 70 mg/cl. [X] No anticoagulants Including UNfractionated heparin [X] No anticoagulants Including aspirin [X] No anti-platelet agents Including aspirin [X] No anti-platelet agents Including aspirin [X] Notify Physician if acute change in neurological status [X] Notify Physician of lost of distal pulses [X] Notify Physician of lost of distal pulses [X] Notify Physician of lost of distal pulses [X] Notify Physician of No Bowel Movement for more than 72 hours [X] Notify Response) [Y] Fluids [V] Fluids [V] Fluids [V] Fluids [V] Fluids - femoral sheath (Single Response) [V] Sodium chloride 0.9 % infusion intravenous, continuous, Post-op Int	[X] Pulse checks - assess bilateral pedal pulses	Routine, Every 15 min
Every 15 minutes times 4, then every 30 minutes times 4, then every 60 minutes times 4, then every 12 hours times 2 then stop., PACU & Post-op Additional Frequency Affected area: To puncture site as needed for pain or swelling., PACU & Post-op Routine, Once Location: Steries Apply: Dressing Type: Open to air? PACU & Post-op [X] Reinforce dressing [X] Reinforce dressing [X] Reinforce dressing [X] Bedside Glucose and Notify (Selection Required) [X] Bedside Glucose and Notify (Selection Required) [X] Bedside glucose [X] Reinforce with: If saturated. Call physician, PACU & Post-op [X] Notify Physician of bedside blood glucose GREATER than 300 mg/dL or LESS than 70 mg/dL [X] No anticoagulants INcluding UNfractionated heparin Routine, Until discontinued, Starting S, PACU & Post-op [X] No anticoagulants INcluding UNfractionated heparin Routine, Until discontinued, Starting S Reason for "No" order: Post Neuro Angiogram Procedure PACU & Post-op Notify [X] Notify Physician of lost of distal pulses [X] Notify Physician of lost of distal pulses [X] Notify Physician of No Bowel Movement for more than 72 hours Notify Physician of No Bowel Movement for more than 72 hours Notify Physician of No Bowel Movement for more than 72 hours Notify Physician of No Bowel Movement for more than 72 hours Notify Physician of No Bowel Movement for more than 72 hours Notify Physician of No Bowel Movement for more than 72 hours Notify Physician of No Bowel Movement for more than 72 hours Notify Physician of No Bowel Movement for more than 73 hours physical pulses Notify Physician of No Bowel Movement for more than 74 hours Notify Physician of No Bowel Movement for more than 75 hours physical pulses Notify Physician of No Bowel Movement for more than 15 hu		Pulses to assess: Pedal,Distal
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every 12 hours times 2 then stop, PACU & Post-op Routine, Conditional Frequency Afflected area: To puncture site as needed for pain or swelling., PACU & Post-op Routine, Conditional Frequency Afflected area: To puncture site as needed for pain or swelling., PACU & Post-op Routine, Once Location: Site: Apply: Dressing Type: Open to air? PACU & Post-op Routine, As needed Reinforce dressing Routine, As needed Reinforce with: If saturated. Call physician, PACU & Post-op Routine, As needed Reinforce with: If saturated. Call physician, PACU & Post-op Routine, Once For 1 Occurrences In recovery, PACU & Post-op Routine, Once For 1 Occurrences In recovery, PACU & Post-op Routine, Once For 1 Occurrences In recovery, PACU & Post-op Routine, Once For 1 Occurrences Reason for "No" order: Post Neuro Angiogram Procedure PACU & Post-op Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Reason for "No" order: Post Neuro Angiogram Procedure PACU & Post-op Routine, Until discontinued, Starting S Reason for "No" order: Post Neuro Angiogram Procedure PACU & Post-op Routine, Until discontinued, Starting S Reason for "No" order: Post Neuro Angiogram Procedure PACU & Post-op Routine, Until discontinued, Starting S Reason for "No" order: Post Neuro Angiogram Procedure PACU & Post-op Routine, Until discontinued, Starting S Reason for "No" order: Post Neuro Angiogram Procedure PACU & Post-op Routine, Until discontinued, Starting S, PACU & Post-		
X Apply ice pack		
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[X] Notify Physician of bedside blood glucose GREATER than 300 mg/dL or LESS than 70 mg/dL [X] No anticoagulants INcluding UNfractionated heparin Reason for "No" order: Post Neuro Angiogram Procedure PACU & Post-op [X] No anti-platelet agents INcluding aspirin Routine, Until discontinued, Starting S Reason for "No" order: PACU & Post-op [X] Notify Physician if acute change in neurological status Routine, Until discontinued, Starting S Reason for "No" order: PACU & Post-op [X] Notify Physician bleeding at site Routine, Until discontinued, Starting S, PACU & Post-op [X] Notify Physician of lost of distal pulses Routine, Until discontinued, Starting S, PACU & Post-op [X] Notify Physician of No Bowel Movement for more than 72 hours Routine, Until discontinued, Starting S, PACU & Post-op [X] Notify Physician of No Bowel Movement for more than 72 hours Routine, Until discontinued, Starting S, PACU & Post-op [X] Notify Physician of No Bowel Movement for more than 72 hours Routine, Until discontinued, Starting S, PACU & Post-op [X] Notify Physician of No Bowel Movement for more than 72 hours Routine, Until discontinued, Starting S, PACU & Post-op [X] Notify Physician of No Bowel Movement for more than 72 hours Routine, Until discontinued, Starting S, PACU & Post-op [X] Notify Physician of No Bowel Movement for more than 72 hours Routine, Until discontinued, Starting S, PACU & Post-op [X] Notify Physician of No Bowel Movement for more than 72 hours Routine, Until discontinued, Starting S, PACU & Post-op [X] Notify Physician of No Bowel Movement for more than 72 hours Routine, Until discontinued, Starting S, PACU & Post-op [X] Notify Physician of No Bowel Movement for more than 72 hours Routine, Until discontinued, Starting S, PACU & Post-op [X] Notify Physician of Intravenous, Continuous, Post-op [X] Notify Physician of Routine, Until discontinued, Starting S, PACU & Post-op [X] Notify Physician of Routine, Until discontinued, Starting S, PACU & Post-op [X] Notify Physician of Routine, Until discontinu		
GRÉATER than 300 mg/dL or LEŠS than 70 mg/dL [X] No anticoagulants INcluding UNfractionated heparin Reason for "No" order: Post Neuro Angiogram Procedure PACU & Post-op [X] No anti-platelet agents INcluding aspirin Routine, Until discontinued, Starting S Reason for "No" order: Post Neuro Angiogram Procedure PACU & Post-op [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 lost of distal pulses Routine, Until discontinued, Starting S, PACU & Post-op [X] Notify Physician of No Bowel Movement for more than 72 hours V Fluids		
Reason for "No" order: Post Neuro Angiogram Procedure PACU & Post-op Routine, Until discontinued, Starting S Reason for "No" order: PACU & Post-op Notify [X] Notify Physician if acute change in neurological status [X] Notify Physician bleeding at site [X] Notify Physician bleeding at site [X] Notify Physician of lost of distal pulses [X] Notify Physician of lost of distal pulses [X] Notify Physician of No Bowel Movement for more than 72 hours V Fluids Single Response	GREATER than 300 mg/dL or LESS than	e, Until discontinued, Starting S, PACU & Post-op
PACU & Post-op	[X] No anticoagulants INcluding UNfractionated heparin	Routine, Until discontinued, Starting S
Notify Notify Physician if acute change in neurological status Routine, Until discontinued, Starting S, PACU & Post-op		Reason for "No" order: Post Neuro Angiogram Procedure
Reason for "No" order: PACU & Post-op Notify [X] Notify Physician if acute change in neurological status [X] Notify Physician bleeding at site [X] Notify Physician bleeding at site [X] Notify Physician of lost of distal pulses [X] Notify Physician of No Bowel Movement for more than 72 hours Notify Physician of No Bowel Movement for more than 72 hours V Fluids (Single Response) V Fluids (Single Response) O sodium chloride 0.9 % infusion O dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients V Fluids - femoral sheath (Single Response) O sodium chloride 0.9 % infusion - femoral sheath New York Post-op		PACU & Post-op
Notify Notify Physician if acute change in neurological status Routine, Until discontinued, Starting S, PACU & Post-op Notify Physician bleeding at site Routine, Until discontinued, Starting S, PACU & Post-op Notify Physician of lost of distal pulses Routine, Until discontinued, Starting S, PACU & Post-op Intravenous, continuous, Post-op	[X] No anti-platelet agents INcluding aspirin	
Notify Notify Physician if acute change in neurological status Routine, Until discontinued, Starting S, PACU & Post-op Rou		
[X] Notify Physician if acute change in neurological status [X] Notify Physician bleeding at site [X] Notify Physician bleeding at site [Y] Notify Physician of lost of distal pulses [X] Notify Physician of No Bowel Movement for more than 72 hours V Fluids		PACU & Post-op
X Notify Physician bleeding at site	Notify	
[] Notify Physician of lost of distal pulses [X] Notify Physician of No Bowel Movement for more than 72 hours V Fluids	[X] Notify Physician if acute change in neurological status	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician of No Bowel Movement for more than 72 hours V Fluids	[X] Notify Physician bleeding at site	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician of No Bowel Movement for more than 72 hours V Fluids	Notify Physician of lost of distal pulses	Routine, Until discontinued, Starting S, PACU & Post-op
IV Fluids (Single Response) () lactated Ringer's infusion intravenous, continuous, Post-op () sodium chloride 0.9 % infusion intravenous, continuous, Post-op () sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion () dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients IV Fluids - femoral sheath (Single Response) () sodium chloride 0.9 % infusion - femoral sheath	[X] Notify Physician of No Bowel Movement for more than	Routine, Until discontinued, Starting S, PACU & Post-op
IV Fluids (Single Response) () lactated Ringer's infusion intravenous, continuous, Post-op () sodium chloride 0.9 % infusion intravenous, continuous, Post-op () sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion () dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients IV Fluids - femoral sheath (Single Response) () sodium chloride 0.9 % infusion - femoral sheath 15 mL/hr, intravenous, continuous, Post-op Via femoral sheath Via femoral sheath	72 hours	
() lactated Ringer's infusion intravenous, continuous, Post-op () sodium chloride 0.9 % infusion intravenous, continuous, Post-op () sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion () dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients IV Fluids - femoral sheath (Single Response) () sodium chloride 0.9 % infusion - femoral sheath 15 mL/hr, intravenous, continuous, Post-op Via femoral sheath	IV Fluids	
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() sodium chloride 0.9 % with potassium chloride 20 mEq/L intravenous, continuous, Post-op infusion () dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients IV Fluids - femoral sheath (Single Response) () sodium chloride 0.9 % infusion - femoral sheath 15 mL/hr, intravenous, continuous, Post-op Via femoral sheath		· · · · · · · · · · · · · · · · · · ·
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() sodium chloride 0.9 % infusion - femoral sheath 15 mL/hr, intravenous, continuous, Post-op Via femoral sheath		intravenous, continuous, Post-op
Via femoral sheath	IV Fluids - femoral sheath (Single Response)	
	() sodium chloride 0.9 % infusion - femoral sheath	·
Medications		Via femoral sheath
	Medications	

Anticoagulants

Pharmacy consult to manage Heparin: LOW Dos	se Routine, Until discontinued, Starting S
protocol(ACS/Stroke/Afib)- withOUT titration bold	
	Specify:
	Monitoring:
[] aspirin (ECOTRIN) enteric coated tablet	325 mg, oral, daily, Post-op
[] clopidogrel (PLAVIX) tablet (loading)	300 mg, oral, once, For 1 Doses, Post-op
[] clopidogrel (PLAVIX) tablet	75 mg, oral, daily, Post-op
[] ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily, Post-op
Steroids (Single Response)	
() dexamethasone (DECADRON) IV	4 mg, intravenous, every 6 hours scheduled, Post-op
() methylPREDNISolone (MEDROL PAK) dose pagin AM)	ck (start
THIS A PANEL. DO NOT EDIT.	
[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, before breakfast - one time, Starting S, For 1 Doses, Post-op All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, after lunch - one time, For 1 Doses, Post-op All day-1 doses may be given (up to 6 tablets) may be given at one time
L1 months IDDEDANG along a (MEDDOL) (all to	based on time of day.
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, after dinner - one time, For 1 Doses, Post-op All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, For 1 Doses, Post-op
	All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, 3 times daily around food, Starting S+1, For 3 Doses, Post-op
[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, Starting S+1, For 1 Doses, Post-op
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, 4 times daily tapering, Starting S+2, Post-op
Medications	
[] pantoprazole (PROTONIX) IV or ORAL	"Or" Linked Panel
[] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily at 0600, Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
Seizure Prophylaxis (Single Response)	
() levETIRAcetam (KEPPRA) tablet	500 mg, oral, every 12 hours, Post-op
() levETIRAcetam (KEPPRA) IV	500 mg, intravenous, every 12 hours, Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
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
[1] bigggodyl (DIII COLAY) guppogitory	- 3, , , ,
[] bisacodyl (DULCOLAX) suppository [] magnesium citrate solution	10 mg, rectal, daily PRN, constipation, Post-op 150 mL, oral, daily PRN, constipation, For 2 Doses, Post-op

PRN Medications - Bowel Management	
[] saline,mineral oil,glycerin (S.M.O.G.) enema	180 mL, rectal, once, Post-op
Antiemetics	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Requ	uired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[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.
[] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg days) - For Patients LESS than 65 years old	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 Respo	nse)
Avoid diphenhydramine use in patients over 70 ye	ars old when possible.
() 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 F	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
PRN Medications - Pain - Pain Score (4-6) (Single F	
() HYDROcodone-acetaminophen (NORCO) 5-325 r tablet	ng per 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Allowance for Patient Preference:
() acetaminophen-codeine (TYLENOL #3) 300-30 m tablet	g 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:
() traMADol (ULTRAM) tablet	Allowance for Patient Preference: 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) (Single	Response)
() HYDROcodone-acetaminophen (NORCO) 5-325 r tablet	ng per 2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Allowance for Patient Preference:
() acetaminophen-codeine (TYLENOL #3) 300-30 m tablet	
	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:
() 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 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.
	Adjust doses for age, renal function or other factors.
Nursing PCA Orders	
[] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then
	- Every 4 hours until PCA therapy is discontinued.
	- Immediately following PCA administration tubing change, Post-op
[] PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data the following must be documented: doses delivered, number of attempt 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
	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 therapyPCA pump discontinued by any service other than the prescrib
	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	L (Single
Response) () hydromorPHONE (DILAUDID) 15 mg/30 mL	Nurse Loading Dose: Not Ordered PCA Dose: 0.2
in sodium chloride 0.9% PCA for Opioid	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.
	Adjust doses for age, renal function or other factors.
Nursing PCA Orders	Douting Derweit wests sol
[] 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
[] Tasero Opioid-induced Sedation Scale	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
[] Chan the DCA numer and call ardening	responsible for IV PCA therapy, Post-op
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less
following:	- Severe and/or recent confusion or disorientation
Tollowing.	- 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
) morPHINE PCA 30 mg/30 mL + Nursing PCA Orde	ers
[] morPHINE PCA 30 mg/30 mL (Single Response	e)

() morPHINE PCA 30 mg/30 mL in sodium chloride 0.9% for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 20 mg intravenous, continuous, Post-op For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
	Adjust doses for age, renal function or other factors.
[] Nursing PCA Orders	
[] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change, Post-op
[] PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume)., Post-op
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button., Post-op
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4., Post-op
[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the 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
CA 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.
	morease in demand dose, can 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 - I/F/N/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
	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
[] - doord oproid induced codding.	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 numb discontinued by any convice other than the prescribes
	 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
3	 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	I (Cinale

() 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.
	Adjust doses for age, renal function or other factors.
Nursing PCA Orders	
[] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus
	administered or dose change; then
	- Every 4 hours until PCA therapy is discontinued.
II DOA Danimantation	- 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
F1 Aloce District	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
Stop the PCA pump and call ordering	responsible for IV PCA therapy, Post-op Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute
Stop the PCA pump and call ordering physician and/or CERT team for any of the	or less
following:	- Severe and/or recent confusion or disorientation
•	 POSS sedation level 4: Somnolent and difficult to arouse
	- Sustained hypotension (SBP less than 90)
	Excessive nausea or vomitingUrinary retention, Post-op
[] IV Fluids for provision of PCA Therapy (Single	Officially Teleficion, Fost-op
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	
[] morPHINE PCA 30 mg/30 mL (Single Response () morPHINE PCA 30 mg/30 mL in sodium	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout
chloride 0.9% for Opioid Naive	Interval: 10 Minutes MAX (Four hour dose limit): 20 mg
	intravenous, continuous, Post-op For breakthrough pain: Administer only if respiratory rate 12 per minute
	or more and POSS level of 2 or less. RN may bolus *** every *** hours
	as needed. If pain persists, may increase PCA demand dose by *** mg
	ONCE. If more than 2 bolus doses in 12 hours or if pain persists after
	increase in demand dose, call ordering prescriber.
	Adjust doop for one rought westign or other forters
I Nursing PCA Orders	Adjust doses for age, renal function or other factors.
[] Nursing PCA Orders	

[] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change, Post-op
[] PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume)., Post-op
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button., Post-op
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4., Post-op
[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the 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 Respiratory Depression and Somnolence	30 mL/hr, intravenous, continuous, Post-op
[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 therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)
 - () Moderate Risk Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

Moderate risk of VTE	Routine, Once, PACU & Post-op
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
	PACU & Post-op
Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
/ Discommendation of the commendation of the c	PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) 	
Moderate risk of VTE	Routine, Once, PACU & Post-op
<u> </u>	Routine, Once Routine, Once
 Patient currently has an active order for therapeutic anticoagulant or VTE 	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
p. oprijianio	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
F a.b	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	, , , , , , , , , , , , , , , , , , ,
High Risk - Patient currently has an active order	er for
therapeutic anticoagulant or VTE prophylaxis (
Required)	
] High risk of VTE	Routine, Once, PACU & Post-op
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
	PACU & Post-op
] Place sequential compression device (Single	Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
	contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	contraindication(s):
device continuous	contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
device continuous	contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op er for
device continuous High Risk - Patient currently has an active order	contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op er for
device continuous High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op er for
device continuous High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required)	contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op er for (Selection
device continuous High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) High risk of VTE	contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op er for (Selection Routine, Once, PACU & Post-op
device continuous High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) High risk of VTE Patient currently has an active order for	contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op er for (Selection Routine, Once, PACU & Post-op Routine, Once
device continuous High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE	contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op er for (Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
device continuous High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE	contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op er for (Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
device continuous High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE	contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op er for (Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
device continuous High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single)	contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op er for (Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response)
device continuous High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical	contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op er for (Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once
device continuous High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single)	contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op er for (Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following
device continuous High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical	contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op er for (Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
device continuous High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis	contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op er for (Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
device continuous High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis	contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op er for (Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

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

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

() Low risk of VTE Routine, Once

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

early ambulation PACU & Post-op

MODERATE Risk of DVT - Surgical (Selection Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Routine, Once, PACU & Post-op
urgical
hylaxis "And" Linked Panel
Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Routine, Continuous, PACU & Post-op
hylaxis "And" Linked Panel
Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() 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 (Selection Required)	n		
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm	echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome		
[] Moderate Risk (Selection Required)			
[] Moderate risk of VTE	Routine, Once, PACU & Post-op		
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)			
 () Contraindications exist for pharmacologic prop Order Sequential compression device 	ohylaxis - "And" Linked Panel		
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op		

	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
	Contraindications exist for pharmacologic prophylaxis	phylaxis "And" Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
	Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
()	For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
()	For CrCl GREATER than or EQUAL TO 30 r	· ,
_	enoxaparin (LOVENOX) subcutaneous	
Ī	enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
	. ,	Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced
()	enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection	Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()] enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES
()	neparin (LOVENOX) injection fondaparinux (ARIXTRA) injection heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients	Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
()] enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
() () ()	neparin (LOVENOX) injection fondaparinux (ARIXTRA) injection heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, PACU & Post-op
() () () () ()	neparin (LOVENOX) injection heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet	Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication:
() () () () () () ()	neparin (Porcine) injection heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) Mechanical Prophylaxis (Single Response) (See	Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication:

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)	
] High risk of VTE	Routine, Once, PACU & Post-op
High Risk Pharmacological Prophylaxis - Surg	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 hou GREATER THAN or EQUAL to 140kg enoxa	
() For CrCl LESS than 30mL/min - enoxaparii subcutaneous Daily at 1700	n (LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op
[] Shokapanin (LOV LIVOK) injection	
	Indication(s):
() For CrCl GREATER than or EQUAL TO 30	Indication(s):
	Indication(s):
() For CrCl GREATER than or EQUAL TO 30	Indication(s):
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):
() 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 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 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
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 medicatic 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): 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.
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 medicati 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 fondaparinux (ARIXTRA) 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 medicati 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 fondaparinux (ARIXTRA) 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 medicati 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	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 medicati 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): 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 medicati 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): 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 &
() 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): 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): 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 than 50kg and age GREATER than 75yrs.
 () 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 	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 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 than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU &
 () 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 	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 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 than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, 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. weight < 50kg and age > 75yrs)) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	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 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
()	HIGH Risk of DVT - Non-Surgical (Selection Red	quired)
	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

[] H	High Risk (Selection Required)	
[]	High risk of VTE	Routine, Once, PACU & Post-op
	High Risk Pharmacological Prophylaxis - Non-Տւ	ırgical
F	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 Responsable	onse)
	(Selection Required)	
	Patient renal status: @CRCL@	

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
[] Mechanical Prophylaxis (Single Response) (Selection Required)		
() Contraindications exist for mechanical	Routine, Once	
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):	
propriytanto	PACU & Post-op	
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op	
device continuous	reduite, continuous, i reco a rost op	
() HIGH Risk of DVT - Surgical (Hip/Knee) (Selecti	on	
Required)	011	
High Risk Definition		
	a must be addressed	
Both pharmacologic AND mechanical prophylaxi		
One or more of the following medical conditions:	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C	
or protein S deficiency; hyperhomocysteinemia;		
Severe fracture of hip, pelvis or leg	myeloproliterative disorders)	
Acute spinal cord injury with paresis		
Multiple major traumas		
Abdominal or pelvic surgery for CANCER		
Acute ischemic stroke		
History of PE		
Thotory of T E		
[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once, PACU & Post-op	
[] High Risk Pharmacological Prophylaxis - Hip		
(Arthroplasty) Surgical Patient (Single Respor		
(Selection Required)	,	
() Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
p. 5p.1,16.115	contraindication(s):	
	PACU & Post-op	
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op	
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op	
() Apixaban and Pharmacy Consult (Selection		
apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op	
[] aphaban (EEI GOIO) tablet	Indications: VTE prophylaxis	
Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S	
(ELIQUIS) therapy	Indications: VTE prophylaxis	
() enoxaparin (LOVENOX) injection (Single Re		
(Selection Required)		
Patient renal status: @CRCL@		
r due in remai etatee. General		
For patients with CrCl GREATER than or EQ	UAL to 30mL/min, enoxaparin orders will apply the following recommended	
doses by weight:		
Weight Dose		
LESS THAN 100kg enoxaparin 40mg daily		
100 to 139kg enoxaparin 30mg every 12 hou	ırs	
GREATER THAN or EQUAL to 140kg enoxa		
· ·		
() For CrCl LESS than 30mL/min - enoxaparir	n (LOVENOX)	
subcutaneous Daily at 1700		
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op	
	Indication(s):	
() For CrCl GREATER than or EQUAL TO 30	mL/min -	
enoxaparin (LOVENOX) subcutaneous		
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op	
	Indication(s):	

Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) () Rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission () Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult o manage warfarin (COUMADIN) tablet () Pharmacy consult o manage warfarin (COUMADIN) (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous COUTRISK and Prophylaxis Tool (Single Response)			
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) (1) heparin (porcine) injection - For Patients with weight GREATER than 100 kg (2) heparin (porcine) injection - For Patients with weight GREATER than 100 kg (3) Rivaroxaban and Pharmacy Consult (Selection Required) (4) Rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission (5) Pharmacy consult to monitor rivaroxaban (XARELTO) therapy (6) Warfarin (COUMADIN) tablet (7) Pharmacy consult to manage warfarin (COUMADIN) (7) Permacy consult to manage warfarin (COUMADIN) (7) Mechanical Prophylaxis (Single Response) (8) Place/Maintain sequential compression device continuous (9) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) (1) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (1) Place/Maintain sequential compression device continuous (1) Place/Maintain sequential compression device continuous (2) Place/Maintain sequential compression device continuous (3) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) (1) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) (2) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) (3) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) (4) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) (5) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) (6) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) (7) Place/Maintain seq	()	fondaparinux (ARIXTRA) injection	If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced
for patients with high risk of bleeding, e.g., weight < 50kg and age > 75yrs) Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) () Rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission () Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) () Pharmacy consult to manage warfarin (COUMADIN) () Possible of the prophylaxis (Single Response) () Place/Maintain sequential compression device continuous DYT Risk and Prophylaxis Tool (Single Response) () Place/Maintain sequential compression device Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Moderate risk of VTE () Places equential compression device (Single Response) () Places equential compression device continuous Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Moderate risk of VTE () Places equential compression device order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Places equential compression device (Single Response) () Contraindications exist for mechanical prophylaxis of VTE () Places equential compression device (Single Response) () Contraindications exist for mechanical prophylaxis (Selection Required) () Moderate risk of VTE () Places equential compression device (Single Response) () Contraindications exist for mechanical prophylaxis device ontinuous, PACU & Post-op () Places Maintain sequential compression device continuous, PACU & Post-op () Places Maintain sequential compression Routine, Once No mechanical VTE prophylaxis due to the following contraindications exist for mechanical prophylaxis (Selection Required) () Moderate Risk - Patient currently has an	()	heparin (porcine) injection	
with weight GREATER than 100 kg Post-op For patients with weight GREATER than 100 kg. () Rivaroxaban and Pharmacy Consult (Selection Required) (] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission (] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy (] warfarin (COUMADIN) tablet (] Pharmacy consult to manage warfarin (COUMADIN) tablet (] Mechanical Prophylaxis (Single Response) (Selection Required) (] Contraindications exist for mechanical prophylaxis ward to the following contraindication (Selection Required) (] Place/Maintain sequential compression device continuous DVT Risk and Prophylaxis Tool (Single Response) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required) (] Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Selection Required) (] Place sequential compression device (Single Response) (] Platent currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Selection Required) (] Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Repuired) (] Place sequential compression device (Single Response) (] Contraindications exist for mechanical prophylaxis and the following contraindication for other indication. Therapy for the following: PACU & Post-op (] Place/Maintain sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis due to the following contraindication(s): PACU & Post-op () Place/Maintain sequential compression device (Single Response) () Moderate Risk - Patient currently has an active order for the rapeut	()	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
() Rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission () Pharmacy consult to monitor rivaroxaban (XARELTO) training the monitor fivaroxaban (XARELTO) training the monitor fivaroxaban (XARELTO) training to make arthroplasty planned during this admission () Pharmacy consult to monitor rivaroxaban (XARELTO) training (XARELTO) trainin	()		Post-op
knee arthroplasty planned during this admission Pharmacy consult to monitor rivaroxaban (XARELTO) therapy warfarin (COUMADIN) tablet STAT, Until discontinued, Starting S Indications: VTE prophylaxis Oral, daily at 1700, Starting S+1, PACU & Post-op Indication: Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S+1, PACU & Post-op Indication: Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S+1, PACU & Post-op Indication: Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S+1, PACU & Post-op Indication: Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S+1, PACU & Post-op Indication: Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S+1, PACU & Post-op Indication: Pharmacy consult to manage warfarin (COUMADIN) Starting S+1, PACU & Post-op Indication: Pharmacy consult to manage warfarin (COUMADIN) Starting S+1, PACU & Post-op Indication: Pharmacy consult to manage warfarin (COUMADIN) Starting S+1, PACU & Post-op Indication: Place/Maintain sequential compression device (Single Response) Patient currently has an active order for therapeutic anticoagulation of other indication. Pharmacy consult to manage warfarin (COUMADIN) Starting S+1, PACU & Post-op Indication	()		
(XARELTO) therapy Indications: VTE prophylaxis () warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1, PACU & Post-op Indication: () Pharmacy consult to manage warfarin (COUMADIN) () Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis (Single Response) (Selection Required) () Place/Maintain sequential compression device continuous DVT Risk and Prophylaxis Tool (Single Response) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate Risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Place Sequential compression device (Single Response) [] Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device (Single Response) () Place/Maintain sequential compression device (Single Response) () Place/Maintain sequential compression device (Single Response) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis due to the following contraindication(s): PACU & Post-op () Place/Maintain sequential compression device (Single Response) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	[]	rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this	
Indication:	[]		
(COUMADIN) [] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis have been been been been been been been be	()	warfarin (COUMADIN) tablet	
Required) () Contraindications exist for mechanical prophylaxis with continuous and evice continuous DVT Risk and Prophylaxis Tool (Single Response) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Moderate Risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Patient currently has an active order for therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Patient currently has an extive order for therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Patient currently has an extive order for therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Pacula & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op	()		<u> </u>
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Patient currently has an active order for therapeutic anticoagulant or VTE Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op () Contraindications exist for mechanical prophylaxis Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)		Mechanical Prophylaxis (Single Response) (Sele	ection
() Place/Maintain sequential compression device continuous Pour Risk and Prophylaxis Tool (Single Response)) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE Routine, Once, PACU & Post-op [] Patient currently has an active order for therapeutic anticoagulant or VTE Prophylaxis (Selection Required) [] Patient currently has an active order for therapeutic anticoagulant or VTE Prophylaxis Decause: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op [] Place sequential compression device (Single Response) () Contraindications exist for mechanical Prophylaxis PACU & Post-op () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Routine, Continuous, PACU & Post-op Routine, Continuous, PACU & Post-op Routine, Continuous, PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication (s): PACU & Post-op () Place/Maintain sequential compression Routine, Continuous, PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication (s): PACU & Post-op () Place/Maintain sequential compression Routine, Continuous, PACU & Post-op Routine, Once		Contraindications exist for mechanical	No mechanical VTE prophylaxis due to the following contraindication(s):
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() Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE Routine, Once, PACU & Post-op [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Patient currently has an active order for therapeutic anticoagulation of vother indication. Therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis Pacutine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	anti	icoagulant or VTE prophylaxis with Risk Stratific	
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Polace sequential compression device (Single Response) [] Place sequential compression device (Single Response) [] Contraindications exist for mechanical prophylaxis [] Place/Maintain sequential compression device continuous [] Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op	() N	Moderate Risk - Patient currently has an active on herapeutic anticoagulant or VTE prophylaxis (Se	
therapeutic anticoagulant or VTE prophylaxis prophylaxis therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Continuous, Pacu & Post-op Routine, Continuous, Pacu & Post-op Sequired Pacu & Post-op Routine, Continuous, Pacu & Post-op Routine, Continuous, Pacu & Post-op Sequired	-		
() Contraindications exist for mechanical prophylaxis	[]	therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
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device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	()	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
therapeutic anticoagulant or VTE prophylaxis (Selection Required)	()	device continuous	
	ť	herapeutic anticoagulant or VTE prophylaxis (Se	
	[]	Moderate risk of VTE	Routine, Once, PACU & Post-op

Patient currently has an active order for	
therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single	·
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
1 -1 9	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) High Risk - Patient currently has an active order	
therapeutic anticoagulant or VTE prophylaxis (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):
() Disco (Maintain some stiel some social	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 (Selection
Required)	Davidia - Once DAOII 9 David an
[] High risk of VTE	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
DIODHVIAXIS	therapeutic anticoagulation for other indication.
propriyitanto	Thorapy for the following:
propriy and	Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single	PACU & Post-op Response)
Place sequential compression device (Single () Contraindications exist for mechanical	PACU & Post-op Response) Routine, Once
[] Place sequential compression device (Single	PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following
Place sequential compression device (Single () Contraindications exist for mechanical	PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
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Place sequential compression device (Single Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous	PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Place sequential compression device (Single	PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous LOW Risk of DVT (Selection Required) Low Risk Definition	PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
Place sequential compression device (Single	PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
Place sequential compression device (Single Ontraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk fa	PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk fa Low Risk (Single Response) (Selection Required)	PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op actors red)
Place sequential compression device (Single Ontraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk fa	PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op actors red) Routine, Once
Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk fa Low Risk (Single Response) (Selection Required)	PACU & Post-op Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op actors red)

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

11 Moderate Disk (Colonian Dequired)			
[] Moderate Risk (Selection Required) [] Moderate risk of VTE Routine, Once, PACU & Post-op			
[] Moderate risk of VTE Routine, Once, PACU & Post-op [] Moderate Risk Pharmacological Prophylaxis - Surgical			
Patient (Single Response) (Selection Required)	Tyloui Tylinai		
() Contraindications exist for pharmacologic proph	ylaxis "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 device continuous	Routine, Continuous, PACU & Post-op		
() Contraindications exist for pharmacologic proph	ylaxis "And" Linked Panel		
AND mechanical prophylaxis			
[] Contraindications exist for pharmacologic	Routine, Once		
prophylaxis	No pharmacologic VTE prophylaxis due to the following		
	contraindication(s): PACU & Post-op		
Contraindications exist for mechanical	Routine, Once		
prophylaxis	No mechanical VTE prophylaxis due to the following		
	contraindication(s):		
()	PACU & Post-op		
() enoxaparin (LOVENOX) injection (Single Responsable (Selection Required)	onse)		
Patient renal status: @CRCL@			
, a.i.o., io.i.a. o.i.a.a.o. @ 0 110 <u>2</u> 0			
	L 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 enoxapar	rin 40mg every 12 hours		
() For CrCl FCC than 20ml /min anavonaria (I	OV/ENIOV)		
() For CrCl LESS than 30mL/min - enoxaparin (L subcutaneous Daily at 1700	OVENOA)		
[] 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 of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() MODERATE Risk of DVT - Non-Surgical (Selectio Required)	n

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

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

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

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

	Routine, Once, PACU & Post-op
High Risk Pharmacological Prophylaxis - Surg	ical Patient
(Single Response) (Selection Required)) Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
propriylaxis	contraindication(s):
	PACU & Post-op
) enoxaparin (LOVENOX) injection (Single Res	·
(Selection Required)	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQ	UAL to 30mL/min, enoxaparin orders will apply the following recommende
doses by weight:	ione to come mining recommends
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hou	
GREATER THAN or EQUAL to 140kg enoxa	parin 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	
· /	subcutaneous, Starting S+1, PACU & Post-op
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
enoxaparin (LOVENOX) subcutaneous	subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	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
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	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
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	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 medicati
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	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 medicati Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	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 medicati Contraindicated in patients LESS than 50kg, prior to surgery/invasive
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	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):
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection	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):
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection	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 medicati 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 8 Post-op
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection	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 medicati 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
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended	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 medicati 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 8 Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU Post-op
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	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 medicati 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
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	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 medicati 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
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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	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 than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU &
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	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 medicati 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 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
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	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 medicati 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 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.

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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	Routine, Continuous, PACU & Post-op
	. ,	device continuous	·
()	HIC	GH Risk of DVT - Non-Surgical (Selection Requi	red)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required) [] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-	Surgical
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single 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, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection () heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:

	() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
		Davidian 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 - Surgical (Hip/Knee) (Selection	
	Required)	
	High Risk Definition	
	Both pharmacologic AND mechanical prophylaxis n	nust be addressed.
	One or more of the following medical conditions:	
		nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
	or protein S deficiency; hyperhomocysteinemia; my	
	Severe fracture of hip, pelvis or leg	
	Acute spinal cord injury with paresis	
	Multiple major traumas	
	Abdominal or pelvic surgery for CANCER	
	Acute ischemic stroke	
	History of PE	
	Thistory of TE	
	[] High Risk (Selection Required)	
	[] High risk of VTE	Routine, Once, PACU & Post-op
		·
	[] High Risk Pharmacological Prophylaxis - Hip or I	
	(Arthroplasty) Surgical Patient (Single Response	
	(Selection Required)	
	() Contraindications exist for pharmacologic	Routine, Once
	prophylaxis	No pharmacologic VTE prophylaxis due to the following
		contraindication(s):
		PACU & Post-op
	() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
	() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
	() Apixaban and Pharmacy Consult (Selection Re-	quired)
	[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op
	, , ,	Indications: VTE prophylaxis
	[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
	(ELIQUIS) therapy	Indications: VTE prophylaxis
	() enoxaparin (LOVENOX) injection (Single Response	
	(Selection Required)	,
	Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQUA	AL to 30mL/min, enoxaparin orders will apply the following recommended
	doses by weight:	3 3 3
	Weight Dose	
	LESS THAN 100kg enoxaparin 40mg daily	
	100 to 139kg enoxaparin 30mg every 12 hours	
	GREATER THAN or EQUAL to 140kg enoxapa	rin 40mg every 12 hours
	on and an analysis and an analysis and an analysis	16g 6.0.j 1268.6
	() For CrCl LESS than 30mL/min - enoxaparin (L	OVENOX
	subcutaneous Daily at 1700	
	[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op
		Indication(s):
	() For CrCl GREATER than or EQUAL TO 30 ml	
	enoxaparin (LOVENOX) subcutaneous	_/ -
		auboutaneous Starting C. 1. DACIL 9 Doct on
	[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
		maioation(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.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
Labs	
Labs	AM In Ford On the BAOU A Burley
Basic metabolic panel CBC with platelet and differential	AM draw For 1 Occurrences, PACU & Post-op AM draw For 1 Occurrences, PACU & Post-op
[] Partial thromboplastin time	AM draw For 1 Occurrences, PACU & Post-op AM draw For 1 Occurrences, PACU & Post-op
[] Prothrombin time with INR	AM draw For 1 Occurrences, PACU & Post-op
Platelet function P2Y12	AM draw For 1 Occurrences, PACU & Post-op
[] Phenytoin level	AM draw For 1 Occurrences, PACU & Post-op
[] Phenytoin level, free	AM draw For 1 Occurrences, PACU & Post-op
Labs - AM Daily x 3	
[] Hemoglobin	AM draw repeats For 3 Occurrences, PACU & Post-op
[X] Hemoglobin & hematocrit	AM draw repeats For 3 Occurrences, Post-op
Imaging	
СТ	
[] CT Head Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[] CT Head Wo Contrast in AM	Routine, 1 time imaging, Starting S+1 For 1 Occurrences, PACU & Post-op
Diagnostic MRI/MRA	
[] MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op

[] MRI Brain Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACL & Post-op
X-ray	
[] Chest 1 Vw Portable in AM	Routine, 1 time imaging, Starting S+1 For 1 , PACU & Post-o
Respiratory	
Respiratory	
[X] Incentive spirometry	Routine, Every hour while awake For 2 Days, PACU & Post-op
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
[] Consult to 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
[] Consult to PT Wound Care Eval and Treat	Special Instructions: Location of Wound? PACU & Post-op
[] Consult to 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? 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: Reason for consult: PACU & Post-op
[] Consult to Respiratory Therapy	Reason for Consult? PACU & Post-op

[] Consult Intensive Care	Reason for Consult? Decline in ADL performance from baseline Patient/Clinical information communicated? Telephone Patient/clinical information communicated? Telephone PACU & Post-op
[] Consult Physical Medicine Rehab	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? PACU & Post-op