Cardiac Catheterization PCI Intervention - Inpatient [1021]

This post PCI order set is intended for patients transferring to an inpatient unit. Medications in this order set are hospital medications.

For PCI outpatients discharging home, use the Cardiac Catheterization PCI Intervention - Outpatient order set.

4 new available Cath Lab order sets:

Discharge Post Procedure:

Cardiac Catheterization Post Procedure - Outpatient Cardiac Catheterization PCI Intervention - Outpatient

Admit/Transfer to Unit:

Cardiac Catheterization Post Procedure - Inpatient Cardiac Catheterization PCI Intervention - Inpatient

lec	ctive Outpatient, Observation, or Admission (Single	Response)
	Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, Scheduling/ADT
()	Outpatient observation services under general	Admitting Physician:
:	supervision	Patient Condition:
		Bed request comments:
, ,		Scheduling/ADT
) (Outpatient in a bed - extended recovery	Admitting Physician:
		Bed request comments:
`\	Admit to Innations	Scheduling/ADT
) .	Admit to Inpatient	Admitting Physician: Level of Care:
		Patient Condition:
		Bed request comments:
		Certification: I certify that based on my best clinical judgmen
		and the patient's condition as documented in the HP and
		progress notes. I expect that the patient will need hospital
		progress notes, I expect that the patient will need hospital services for two or more midnights.
		progress notes, I expect that the patient will need hospital services for two or more midnights. Scheduling/ADT
Eloc	ntive Outpetient Observation or Admission (Single	services for two or more midnights. Scheduling/ADT
	ctive Outpatient, Observation, or Admission (Single	services for two or more midnights. Scheduling/ADT Response)
()	Elective outpatient procedure: Discharge following routine recovery	services for two or more midnights. Scheduling/ADT Response) Routine, Continuous, Scheduling/ADT
()	Elective outpatient procedure: Discharge following routine recovery Outpatient observation services under general	services for two or more midnights. Scheduling/ADT Response) Routine, Continuous, Scheduling/ADT Admitting Physician:
()	Elective outpatient procedure: Discharge following routine recovery	services for two or more midnights. Scheduling/ADT Response) Routine, Continuous, Scheduling/ADT Admitting Physician: Patient Condition:
)	Elective outpatient procedure: Discharge following routine recovery Outpatient observation services under general	services for two or more midnights. Scheduling/ADT Response) Routine, Continuous, Scheduling/ADT Admitting Physician: Patient Condition: Bed request comments:
()	Elective outpatient procedure: Discharge following routine recovery Outpatient observation services under general supervision	services for two or more midnights. Scheduling/ADT Response) Routine, Continuous, Scheduling/ADT Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT
()	Elective outpatient procedure: Discharge following routine recovery Outpatient observation services under general	services for two or more midnights. Scheduling/ADT Response) Routine, Continuous, Scheduling/ADT Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT Admitting Physician:
()	Elective outpatient procedure: Discharge following routine recovery Outpatient observation services under general supervision	services for two or more midnights. Scheduling/ADT Response) Routine, Continuous, Scheduling/ADT Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT Admitting Physician: Bed request comments:
	Elective outpatient procedure: Discharge following routine recovery Outpatient observation services under general supervision Outpatient in a bed - extended recovery	services for two or more midnights. Scheduling/ADT Response) Routine, Continuous, Scheduling/ADT Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT Admitting Physician: Bed request comments: Scheduling/ADT Admitting Physician: Bed request comments: Scheduling/ADT
	Elective outpatient procedure: Discharge following routine recovery Outpatient observation services under general supervision	services for two or more midnights. Scheduling/ADT Response) Routine, Continuous, Scheduling/ADT Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT Admitting Physician: Bed request comments: Scheduling/ADT Admitting Physician: Bed request comments: Scheduling/ADT Admitting Physician:
) (Elective outpatient procedure: Discharge following routine recovery Outpatient observation services under general supervision Outpatient in a bed - extended recovery	services for two or more midnights. Scheduling/ADT Response) Routine, Continuous, Scheduling/ADT Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT Admitting Physician: Bed request comments: Scheduling/ADT Admitting Physician: Bed request comments: Scheduling/ADT Admitting Physician: Level of Care:
	Elective outpatient procedure: Discharge following routine recovery Outpatient observation services under general supervision Outpatient in a bed - extended recovery	services for two or more midnights. Scheduling/ADT Response) Routine, Continuous, Scheduling/ADT Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT Admitting Physician: Bed request comments: Scheduling/ADT Admitting Physician: Bed request comments: Scheduling/ADT Admitting Physician: Level of Care: Patient Condition:
	Elective outpatient procedure: Discharge following routine recovery Outpatient observation services under general supervision Outpatient in a bed - extended recovery	services for two or more midnights. Scheduling/ADT Response) Routine, Continuous, Scheduling/ADT Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT Admitting Physician: Bed request comments: Scheduling/ADT Admitting Physician: Level of Care: Patient Condition: Bed request comments:
	Elective outpatient procedure: Discharge following routine recovery Outpatient observation services under general supervision Outpatient in a bed - extended recovery	services for two or more midnights. Scheduling/ADT Response) Routine, Continuous, Scheduling/ADT Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT Admitting Physician: Bed request comments: Scheduling/ADT Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment
	Elective outpatient procedure: Discharge following routine recovery Outpatient observation services under general supervision Outpatient in a bed - extended recovery	services for two or more midnights. Scheduling/ADT Response) Routine, Continuous, Scheduling/ADT Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT Admitting Physician: Bed request comments: Scheduling/ADT 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
()	Elective outpatient procedure: Discharge following routine recovery Outpatient observation services under general supervision Outpatient in a bed - extended recovery	services for two or more midnights. Scheduling/ADT Response) Routine, Continuous, Scheduling/ADT Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT Admitting Physician: Bed request comments: Scheduling/ADT Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment

[] Airborne isolation status

[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you	Once, Post-op
suspect Tuberculosis, please order this test	
for rapid diagnostics.	
[] Contact isolation status	Details
[] Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Post-op
[] Fall precautions	Increased observation level needed:
	Post-op
[] Latex precautions	Post-op
[] Seizure precautions	Increased observation level needed:
	Post-op
Nursing - Post Procedure	
Femoral - Sheath Removal	

Closure Devices	
[] The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[] Activity (Selection Required)	
[] Patient was treated with a closure device.	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight., Post-op
[] Patient Education Prior to Sheath Removal an Discharge	nd Hospital
[] Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Sign and symptoms, Post-op
[] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify),Activity,Discharge,Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op
Dost Procedure Assessment	
[] Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[] Assess post-sheath cath site	Routine, Every 15 min For Until specified Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q x4 unless otherwise ordered by the physician., Post-op
[] Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op

[] Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
Manual Pressure	
	Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op
[] Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheatl may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[] The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[] Activity (Selection Required)	
[] Bed rest times following Procedure using femor access are: (Must Select One) (Single Respons (Selection Required)	se)
 () Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
() Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
() Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
() Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours.	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
Patient Education Prior to Sheath Removal and I Discharge	Hospital
Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of
Patient education prior to discharge	warmth, moistness, swelling, numbness or pain at insertion site., Post-or Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op
[] Pre-Sheath Removal	Page 2 of 6

[]	Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check
[]	Assist patient to void	every 4 hours., Post-op Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
[]	Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[]	Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
[]	Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[]	Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[]	Post-Sheath Removal	
[]	Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Assess post-sheath cath site	Routine, Every 15 min For Until specified Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[]	Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[]	Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
_	mpression Systems (Single Response)	
() (C-clamp (Selection Required)	
[]	The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal of a systolic blood if pressure >160mmHg., Post-op
[]	Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[]	The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[]	Activity Post Sheath Removal-Femoral Approa	

 Bed rest times following Procedure using femo access are: (Must Select One) (Single Respon (Selection Required) 	nse)
 () Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
 Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
 () Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
 Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours. 	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
[] Patient Education Prior to Sheath Removal and Discharge	Hospital
[] Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
[] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op
Pre-Sheath Removal	and anotice and for home, and one care, i cot op
[] Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op
[] Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
[] Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[] Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
[] Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op

[]	Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[]	Post-Sheath Removal	
[]	Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Assess post-sheath cath site	Routine, Every 15 min For Until specified Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[]	Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[]	Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal of a systolic blood if pressure >160mmHg., Post-op
[]	Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
	The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, capillary refill > 3 seconds, cynosis, numbness and/or pain in affected extremity, bleeding, hematoma formation, or signs of complication., Post-op
	Follow Femostop manufacturer's guidelines in package insert.	Routine, Until discontinued, Starting S, Post-op
	Activity Post Sheath Removal-Femoral Approa	ch
[]	(Selection Required) Bed rest times following Procedure using fem access are: (Must Select One) (Single Respo (Selection Required)	·
() Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
() Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
() Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
() Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours.	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op

	Discharge	Deutine Ones Otentine C. Fred Co.
IJ	Patient education prior to post-sheath	Routine, Once, Starting S For 1 Occurrences
	removal	Patient/Family: Patient
		Education for: Other (specify), Activity
		Specify: Patient education prior to post sheath removal.
		Provide patient post-sheath removal instructions to include reports of
		warmth, moistness, swelling, numbness or pain at insertion site.,
		Post-op
1	Patient education prior to discharge	Routine, Prior to discharge, Starting S
.,	T dilont oddodion prior to dioonarge	Patient/Family: Patient
		Education for: Other (specify), Activity, Discharge, Smoking cessation
		counseling
		Specify: Patient education prior to discharge.
		Provide discharge instruction on emergent physician contact/symptom
		reporting due to
		bleeding/hematoma/swelling/pain/tenderness/numbness/tingling,
		Activity and Limitations and site care.
		Activity including Limiting movement in affected arm 6 hrs post
		procedure and keep wrist straight, refrain from lifting or pushing with
		the affected arm for 48 hrs., and site care., Post-op
F	Pre-Sheath Removal	and anotice anni for no files, and one cares, i cot op
	Vital signs prior to sheath removal	Routine, Every 15 min
	That eight phonic cheam removal	Vital signs prior to sheath removal - Obtain base line vital signs, include
		verified ACT results of less than 160 or within parameters ordered by
		physician, unless otherwise ordered by the physician. For Temp, chec
		every 4 hours., Post-op
1	Assist patient to void	Routine, Once For 1 Occurrences
IJ	Assist patient to volu	Assist patient to void prior to sheath removal., Post-op
T 1	Assess pre-sheath cath site	Routine, Once For 1 Occurrences
	Assess pre-sneam cam site	
		Assess for signs and symptoms of hematoma or other vascular
		compromise distal to site on arrival unless otherwise ordered by the
		physician.
		If hematoma is present, mark on skin surface and complete hematoma
	Deticat transferred with about a left in alone	documentation., Post-op
	Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S
	And become teller at the office and the	Patient transferred with Sheaths left in place., Post-op
IJ	Apply hemostatic patch after assessment	Routine, Until discontinued, Starting S
	for hematoma, distal pulses.	Apply pressure proximal to site, place patch over site, slowly remove
		sheath, allow blood to moisten patch. Apply direct pressure to
		site/proximal pressure for ½ allotted time. Slowly release proximal
		pressure, continue direct pressure over the site for a minimum of 20
		minutes for PCI/10 minutes for diagnostic cath., Post-op
[]	Antegrade sheaths present	Routine, Until discontinued, Starting S
		Antegrade sheath must be pulled by Physicians or appropriately trained
		staff in the Cath Lab setting., Post-op
Г	Post-Sheath Removal	
Г	Vital signs after sheath removal	Routine, Every 15 min For Until specified
		Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4,
	-	
	-	and Q4 x4 unless otherwise ordered by the physician., Post-op
	Assess post-sheath cath site	and Q4 x4 unless otherwise ordered by the physician., Post-op
	Assess post-sheath cath site	and Q4 x4 unless otherwise ordered by the physician., Post-op Routine, Every 15 min For Until specified
	Assess post-sheath cath site	and Q4 x4 unless otherwise ordered by the physician., Post-op Routine, Every 15 min For Until specified Assess site for signs and symptoms of a hematoma or other vascular
	Assess post-sheath cath site	and Q4 x4 unless otherwise ordered by the physician., Post-op Routine, Every 15 min For Until specified Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and
		and Q4 x4 unless otherwise ordered by the physician., Post-op Routine, Every 15 min For Until specified Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
	Assess post-sheath cath site Site care	and Q4 x4 unless otherwise ordered by the physician., Post-op Routine, Every 15 min For Until specified Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op Routine, Once
		and Q4 x4 unless otherwise ordered by the physician., Post-op Routine, Every 15 min For Until specified Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op Routine, Once Site: catheter site
		and Q4 x4 unless otherwise ordered by the physician., Post-op Routine, Every 15 min For Until specified Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op Routine, Once

[] Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal
post-siteatif femoval	Side:
	Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4
	hours x4 unless otherwise ordered by physician., Post-op
[] Neurological assessment after sheath	Routine, Every 15 min For Until specified
removal	Assessment to Perform:
	Assess/document neurological assessment Q 15 min x4, Q 30 min x4,
	Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.,
	Post-op
Radial - Sheath Removal	
[] Radial Compression Device (Selection Required)	
[] NOTIFY: The physician must be notified	Routine, Until discontinued, Starting S, prior to sheath removal if systolic
prior to sheath removal of a systolic blood if pressure >160mmHg.	blood pressure is >160mmHg., Post-op
[] Remove sheath	Routine, Once For 1 Occurrences
	when ACT less than 160 or within physician specified parameters. Sheath
	may be removed 2 hours after discontinuation of Angiomax (Bivalirudin)
	infusion unless otherwise specified by physician order., Post-op
[] The physician must be notified for any signs	Routine, Until discontinued, Starting S, for abnormal vital signs,
of complications.	uncontrolled pain, absence of pulses/limb discoloration, bleeding,
FI Discontinuit O	hematoma formation, or signs of complications., Post-op
[] Place/Maintain Sequential Compression	Routine, Continuous
Device following Manufacturer	Follow manufacturer insert/instructions for use, physician orders, or
Insert/instructions.	Progressive Cuff Deflation instruction specific to Diagnostic or Interventional Procedure performed. Radial Band, Post-op
[] Progressive cuff deflation (Single Response) (S	
Required)	- J\
() Diagnostic Procedures only (Selection Require	
[] 30 minutes after Radial Compression Device applied	Routine, Until discontinued, Starting S deflate 3cc of air from cuff. If no bleeding occurs from site, deflate 3cc
Device applied	of air from the Radial Compression Device every 5 minutes until all air
	is completely removed. If bleeding occurs when 3cc of air is removed,
	re-inflate with 3cc of air. Wait 15 minutes, then restart releasing 3cc of
	air every 5 minutes until all air is completely removed. If site remains
	free of bleeding/hematoma after 5 min, remove TR band, apply
	dressing., Post-op
[] Monitor access site and extremity distal to	Routine, Until discontinued, Starting S
puncture wound	every 15 minutes until Radial Compression Device is removed.,
	Post-op
[] Assess for absence of ulnar pulse, caplilary	Routine, Until discontinued, Starting S, If any of these are present,
refill greater than 3 seconds, cyanosis,	notify the procedural Cardiologist., Post-op
numbness and/or pain in affected extremity.	
() Interventional Procedures only (Selection Req	·
[] 2 hours after Radial Compression Device	Routine, Until discontinued, Starting S
applied deflate 3cc	if no bleeding at site, deflate 3cc every 10 min until all air removed from
	cuff. If bleeding occurs when 3cc of air is removed, re-inflate with 3cc of
	air. Wait 30 minutes then restart releasing 3cc of air every 10 minutes until all air has been removed. If site remains free of
	bleeding/hematoma after 5 min, remove TR band, apply dressing.,
	Post-op
[] Evaluate access site for bleeding as follows:	Routine, Until discontinued, Starting S
[] Evaluate access one for blocking as follows:	every 15 minutes x 4; every 30 minutes x2; and every hour x2., Post-op
[] Patient Education Prior to Sheath Removal and Discharge	
Patient education prior to post-sheath	Routine, Once, Starting S For 1 Occurrences
removal	Patient/Family: Patient
	Education for: Other (specify), Activity
	Specify: Patient education prior to post sheath removal.
	Provide patient post-sheath removal instructions to include reports of
	warmth, moistness, swelling, numbness or pain at insertion site., Post-op

[] Pat	tient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient
		Education for: Other (specify), Activity, Discharge, Smoking cessation
		counseling Specify: Patient education prior to discharge.
		Provide discharge instruction on emergent physician contact/symptom
		reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity
		and Limitations and site care.
		Activity including Limiting movement in affected arm 6 hrs post
		procedure and keep wrist straight, refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op
[] Pre-	Sheath Removal	anected anni for 40 firs., and site care., Post-op
-	al signs prior to sheath removal	Routine, Every 15 min
	- '	Vital signs prior to sheath removal - Obtain base line vital signs, include
		verified ACT results of less than 160 or within parameters ordered by
		physician, unless otherwise ordered by the physician. For Temp, check
[] 100	aint nations to vaid	every 4 hours., Post-op Routine, Once For 1 Occurrences
[] Ass	sist patient to void	Assist patient to void prior to sheath removal., Post-op
[] Ass	sess pre-sheath cath site	Routine, Once For 1 Occurrences
	·	Assess for signs and symptoms of hematoma or other vascular
		compromise distal to site on arrival unless otherwise ordered by the
		physician.
		If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[] Pat	tient transferred with sheaths left in place	Routine, Until discontinued, Starting S
[]	tion transferred with oriential for in place	Patient transferred with Sheaths left in place., Post-op
[] Ap	ply hemostatic patch after assessment	Routine, Until discontinued, Starting S
for	hematoma, distal pulses.	Apply pressure proximal to site, place patch over site, slowly remove
		sheath, allow blood to moisten patch. Apply direct pressure to
		site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20
		minutes for PCI/10 minutes for diagnostic cath., Post-op
[] Ant	tegrade sheaths present	Routine, Until discontinued, Starting S
		Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[] Post	t-Sheath Removal (Selection Required)	9., · · · · · · · · · · · · · · · · · · ·
[] Vita	al signs after sheath removal	Routine, Every 15 min For Until specified
		Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and
[] D.	winds and transition and analysis of Manitan	Q4 x4 unless otherwise ordered by the physician., Post-op
	ripheral vascular assessment - Monitor cess site	Routine, Every 15 min Monitor access site, extremity distal to puncture every 15 min until
acc	cess site	Radial approach cath band removed., Post-op
[] No	tify physician of bleeding and/or loss of	Routine, Until discontinued, Starting S, Notify physician of bleeding
	ses.	and/or loss of pulses., Post-op
[] Site	e care	Routine, Once
		Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma,
		apply appropriate dressing. At a minimum, cover site with 2X2 gauze
		and transparent dressing., Post-op
[] No	blood pressure readings, lab draws, or	Routine, Until discontinued, Starting S
IV a	access	No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours., Post-op
[] Lim	nit movement in affected arm 6 hrs post	Routine, Until discontinued, Starting S
	ocedure	keep wrist straight, refrain from lifting or pushing with the affected arm
,		for 48 hrs. If needed, place wrist on arm board to restrict movement., Post-op
[] Pat	tient may ambulate 30 minutes after	Routine, Until discontinued, Starting S
	ival in recovery area.	Specify: Other activity (specify)
	-	Other: Patient may ambulate 30 minutes after arrival in recovery area.
		Post-op

[] Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side:
	Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[] Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform:
	Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
Manual Pressure - without Radial Compression	·
[] The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal of a systolic blood if pressure >160mmHg., Post-op
[] Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[] Notify physician - for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[] Patient Education Prior to Sheath Removal ar Discharge	nd Hospital
[] Patient education prior to post-sheath	Routine, Once, Starting S For 1 Occurrences
removal	Patient/Family: Patient
	Education for: Other (specify), Activity
	Specify: Patient education prior to post sheath removal.
	Provide patient post-sheath removal instructions to include reports of
II. Defects I sefer a feet Perlana	warmth, moistness, swelling, numbness or pain at insertion site., Post-o
[] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient
	Education for: Other (specify), Activity, Discharge, Smoking cessation
	counseling
	Specify: Patient education prior to discharge.
	Provide discharge instruction on emergent physician contact/symptom
	reporting due to
	bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity
	and Limitations and site care.
	Activity including Limiting movement in affected arm 6 hrs post
	procedure and keep wrist straight, refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op
[] Pre-Sheath Removal	De Con E en 45 etc
[] Vital signs prior to sheath removal	Routine, Every 15 min
	Vital signs prior to sheath removal - Obtain base line vital signs, include
	verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check
	every 4 hours., Post-op
Assist patient to void	Routine, Once For 1 Occurrences
[] Assist patient to volu	Assist patient to void prior to sheath removal., Post-op
Assess pre-sheath cath site	Routine, Once For 1 Occurrences
11 - Addition of the second of	Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the
	physician.
	If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[] Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op

[]	Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[]	Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[]	Post-Sheath Removal	
[]	Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Notify physician of bleeding and/or loss of pulses.	Routine, Until discontinued, Starting S, Notify physician of bleeding and/or loss of pulses., Post-op
[]	Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[]	No blood pressure readings, lab draws, or IV access	Routine, Until discontinued, Starting S No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours., Post-op
[]	Limit movement in affected arm 6 hrs post procedure	Routine, Until discontinued, Starting S keep wrist straight, refrain from lifting or pushing with the affected arm for 48 hrs. If needed, place wrist on arm board to restrict movement., Post-op
[]	Patient may ambulate 30 minutes after arrival in recovery area.	Routine, Until discontinued, Starting S Specify: Other activity (specify) Other: Patient may ambulate 30 minutes after arrival in recovery area. Post-op
[]	Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[]	Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
Diet -	Pre Sheath(s) Removal	
[] Die	et Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? No IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Until sheath(s) removed., Post-op
Diet -	Post Sheath(s) Removal (Single Response)	
(X) Die	et - Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Heart Healthy Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op

() Diet - Heart Healthy	Diet effective now, Starting S
	Diet(s): Heart Healthy
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
() Diet - 1800 Kcal/202 gm Carbohydrate	Diet effective now, Starting S
3	Diet(s): Other Diabetic/Cal
	Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
	F051-0p
Diet - Post Sheath(s) Removal HMSJ	
[] Diet - Regular	Diet effective now, Starting S
	Diet(s): Regular
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
Diet - 1800 Carb Control Diabetic	Diet effective now, Starting S
	Diet(s): Other Diabetic/Cal
	Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[1] D'at Hand Hand	Post-op
[] Diet - Heart Healthy	Diet effective now, Starting S
	Diet(s): Heart Healthy
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
[] Diet - Finger Foods	Diet effective now, Starting S
	Diet(s): Additional Instructions
	Additional Instructions: Finger Foods
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Fluid Restriction: Foods to Avoid:
	Post-op
	. 55. 65
<u> </u>	
Telemetry and IV [] Telemetry	"And" Linked Panel
<u> </u>	"And" Linked Panel Routine, Continuous For 3 Days
[] Telemetry	
[] Telemetry	Routine, Continuous For 3 Days
[] Telemetry	Routine, Continuous For 3 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)
[] Telemetry	Routine, Continuous For 3 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only

[] Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120
	Low Heart Rate (BPM): 50
	High PVC's (per minute): 10
	High SBP(mmHg): 175
	Low SBP(mmHg): 100
	High DBP(mmHg): 95
	Low DBP(mmHg): 40
	Low Mean BP: 60
	High Mean BP: 120
	Low SPO2(%): 94
Saline lock IV	Post-op Routine, Continuous, Post-op
[] Maintain IV access	Routine, Continuous, Post-op Routine, Until discontinued, Starting S, Post-op
[] Discontinue IV	Routine, Once, Post-op
[] Discontinue iv	Routine, Once, i ost-op
Hydration Protocol-Prevention of Cor	ntrast Induced Nephropathy
IV Fluids	
[] sodium chloride 0.9 % infusion	150 mL/hr, intravenous, continuous, Post-op
IV Hydration - Prevention of Contrast Induced N	ephropathy (Single Response)
(X) Inpatient (Single Response)	
() Patients with EF LESS than 40% or with	0.5 mL/kg/hr, intravenous, continuous, Post-op
evidence of fluid overload	Infuse for 6 hours Post-Procedure
() Patients with EF GREATER than 40% or no	1 mL/kg/hr, intravenous, continuous, Post-op
evidence of fluid overload	Infuse for 6 hours Post-Procedure
Medications	
Analgesics - Mild 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
Analgesics - Moderate Pain (Pain Score 4-6) (Sir	ngle Response)
() acetaminophen-codeine (TYLENOL #3) 300-30	
tablet	Post-op Give if patient is able to tolerate oral medication
	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:
() HYDROcodone-acetaminophen (NORCO) 5-32	5 mg 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6),
tablet	Post-op
	Give if patient is able to tolerate oral medication
	Allowance for Patient Preference:
Analgesics - Severe Pain (Pain Score 7-10) (Sing	gle Response)
() morphine 2 mg/mL injection	2 mg, intravenous, every 2 hour PRN, severe pain (score
	7-10), Post-op
	Use if patient is unable to swallow or faster onset is needed
() () () () () () () () () ()	Allowance for Patient Preference:
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, severe pain (score
	7-10), Post-op Use if patient is unable to swallow or faster onset is needed
	Allowance for Patient Preference:
Beta-Blockers (Single Response)	
() metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800, Post-op
, , , , , , , , , , , , , , , , , , , ,	BP & HR HOLD parameters for this order:
	Contact Physician if:
D	

)	metoprolol succinate XL (TOPROL-XL) 24 hr tablet	25 mg, oral, daily, Post-op BP & HR HOLD parameters for this order: Contact Physician if:
)	carvedilol (COREG) tablet	3.125 mg, oral, 2 times daily at 0600, 1800, Post-op BP & HR HOLD parameters for this order: Contact Physician if:
litr	ates	
	nitroglycerin infusion	5-200 mcg/min, intravenous, continuous, Post-op
]	isosorbide mononitrate (ISMO,MONOKET) tablet	20 mg, oral, 2 times daily at 0900, 1600, Post-op Post-Op
		BP HOLD parameters for this order:
		Contact Physician if:
]	isosorbide mononitrate (IMDUR) 24 hr tablet	oral, daily, Post-op
		Post-Op
		BP HOLD parameters for this order:
1	nitroglycerin (NITRODUR) 24 hr patch	Contact Physician if: transdermal, Administer over: 12 Hours, daily, Post-op
_		Post-Op
]	nitroglycerin (NITROSTAT) 2% ointment	1 inch, Topical, every 6 hours scheduled, Post-op Post-Op, Apply to chest wall
]	nitroglycerin (NITROSTAT) SL tablet	0.4 mg, sublingual, every 5 min PRN, chest pain, For 3 Dose
		Post-op
		Post-Op. Call provider after third dose.
)	Loading Dose Followed By Maintenance (Single	
· -	Response)	wed by
· -		5
(Response)) clopidogrel (PLAVIX) 300 mg Loading Dose follow 75 mg Maintenance Dose and aspirin EC 81 mg t [] clopidogrel (PLAVIX) 300 mg Loading Dose follow	bwed by
(Response)) clopidogrel (PLAVIX) 300 mg Loading Dose follow 75 mg Maintenance Dose and aspirin EC 81 mg t [] clopidogrel (PLAVIX) 300 mg Loading Dose follow 75 mg Maintenance Dose and aspirin EC 81 mg	ablet by a stablet
(Response)) clopidogrel (PLAVIX) 300 mg Loading Dose follow 75 mg Maintenance Dose and aspirin EC 81 mg t [] clopidogrel (PLAVIX) 300 mg Loading Dose follow 75 mg Maintenance Dose and aspirin EC 81 mg [] clopidogrel (PLAVIX) Loading and Maintenance	tablet by tablet the doses "Followed by" Linked Panel
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<u>(</u>	Response)) clopidogrel (PLAVIX) 300 mg Loading Dose follow 75 mg Maintenance Dose and aspirin EC 81 mg to clopidogrel (PLAVIX) 300 mg Loading Dose follow 75 mg Maintenance Dose and aspirin EC 81 mg to clopidogrel (PLAVIX) Loading and Maintenance [1] Loading Dose - clopidogrel (PLAVIX) tablet [2] Maintenance Dose - clopidogrel (PLAVIX) tablet [3] Maintenance Dose - clopidogrel (PLAVIX) tablet [4] Iticagrelor (BRILINTA) 180 mg Loading Dose follow 90 mg Maintenance Dose and aspirin EC 81 mg to clopidogrel (BRILINTA) (BRILINTA) (BRILINTA) tablet [5] Loading Dose - ticagrelor (BRILINTA) tablet [6] Maintenance Dose - ticagrelor (BRILINTA) tablet [7] Maintenance Dose - ticagrelor (BRILINTA) tablet [8] In aspirin (ECOTRIN) enteric coated tablet [9] prasugrel (EFFIENT) 60 mg Loading Dose followed 10 mg Maintenance Dose and aspirin EC 81 mg to (Selection Required) [9] prasugrel (EFFIENT) Loading and Maintenance Maintenance Dose Instructions:	tablet by tablet e doses
<u>(</u>	Response)) clopidogrel (PLAVIX) 300 mg Loading Dose follow 75 mg Maintenance Dose and aspirin EC 81 mg to clopidogrel (PLAVIX) 300 mg Loading Dose follow 75 mg Maintenance Dose and aspirin EC 81 mg companies [] clopidogrel (PLAVIX) Loading and Maintenance companies [] Loading Dose - clopidogrel (PLAVIX) tablet [] Maintenance Dose - clopidogrel (PLAVIX) tablet [] Maintenance Dose - clopidogrel (PLAVIX) tablet [] ticagrelor (BRILINTA) 180 mg Loading Dose follow 90 mg Maintenance Dose and aspirin EC 81 mg to companies [] ticagrelor (BRILANTA) Oral Loading and Mainten Doses [] Loading Dose - ticagrelor (BRILINTA) tablet [] Maintenance Dose - ticagrelor (BRILINTA) tablet [] maintenance Dose - ticagrelor (BRILINTA) tablet [] prasugrel (EFFIENT) 60 mg Loading Dose followed 10 mg Maintenance Dose and aspirin EC 81 mg to (Selection Required) [] prasugrel (EFFIENT) Loading and Maintenance Maintenance Dose Instructions: Lower the dose to 5 mg for high risk patients (agonal companies in the companies of the compa	tablet bowed by tablet e doses
<u>(</u>	Response)) clopidogrel (PLAVIX) 300 mg Loading Dose follow 75 mg Maintenance Dose and aspirin EC 81 mg to clopidogrel (PLAVIX) 300 mg Loading Dose follow 75 mg Maintenance Dose and aspirin EC 81 mg companies [] clopidogrel (PLAVIX) Loading and Maintenance companies [] Loading Dose - clopidogrel (PLAVIX) tablet [] Maintenance Dose - clopidogrel (PLAVIX) tablet [] Maintenance Dose - clopidogrel (PLAVIX) tablet [] ticagrelor (BRILINTA) 180 mg Loading Dose follow 90 mg Maintenance Dose and aspirin EC 81 mg to companies [] ticagrelor (BRILANTA) Oral Loading and Mainten Doses [] Loading Dose - ticagrelor (BRILINTA) tablet [] Maintenance Dose - ticagrelor (BRILINTA) tablet [] maintenance Dose - ticagrelor (BRILINTA) tablet [] prasugrel (EFFIENT) 60 mg Loading Dose follows 10 mg Maintenance Dose and aspirin EC 81 mg to companies (Selection Required) [] prasugrel (EFFIENT) Loading and Maintenance Maintenance Dose Instructions: Lower the dose to 5 mg for high risk patients (ag companies) [] Loading Dose - prasugrel (EFFIENT) tablet [] Maintenance Dose - prasugrel (EFFIENT) tablet	tablet bowed by tablet e doses "Followed by" Linked Panel 300 mg, oral, once, For 1 Doses, Post-op Loading Dose 75 mg, oral, daily, Starting S+1, Post-op Maintenance Dose wed by tablet nance "Followed by" Linked Panel 180 mg, oral, once, For 1 Doses, Post-op Loading Dose 90 mg, oral, 2 times daily, Starting H+12 Hours, Post-op Maintenance Dose 81 mg, oral, daily, Starting S+1, Post-op ed by tablet Doses "Followed by" Linked Panel ge GREATER than or EQUAL to 75 OR weight LESS than 60 kg) 60 mg, oral, once, For 1 Doses, Post-op Loading Dose

[] Pharmacy Consult to educate patient on	STAT, Once For 1 Occurrences
prasugrel (EFFIENT)	Which drug do you need help dosing? prasugrel (EFFIENT)
() Maintenance Doses Only (Single Response)	
() clopidogrel (PLAVIX) 75 mg Maintenance Dose aspirin EC 81 mg tablet - Start Tomorrow	e and
[] clopidogrel (PLAVIX) tablet	75 mg, oral, daily, Starting S+1, Post-op
aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
() ticagrelor (BRILINTA) 90 mg Maintenance Dose	
aspirin EC 81 mg tablet - Start 12 Hours from N	low
[] ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily, Starting H+12 Hours, Post-op
[] aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
() prasugrel (EFFIENT) 10 mg Maintenance Dose	e and
aspirin EC 81 mg tablet - Start Tomorrow [] prasugrel (EFFIENT) tablet + consult (Selection	on "And" Linked Panel
Required)	And Linked Faller
[] prasugrel (EFFIENT) tablet	10 mg, oral, daily, Starting S+1, Post-op
[] prasugrel (EFFIENT) consult	STAT, Once For 1 Occurrences
	Which drug do you need help dosing? prasugrel (EFFIENT)
[] aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
() Anti-Platelet Contraindication	Routine, Until discontinued, Starting S Reason for "No" order:
	Post-op
() Patient already on antiplatelet therapy	Routine, Until discontinued, Starting S, Post-op
	, , , , , , , , , , , , , , , , , , , ,
Antihyperlipidemic Agents - ONE MUST BE SELEC	CTED (Single Response) (Selection Required)
() Statin - Moderate Intensity (Single Response)	
() atorvastatin (LIPITOR) tablet - Moderate Intensity	10 mg, oral, nightly, Post-op
() atorvastatin (LIPITOR) tablet - Moderate Intensity	20 mg, oral, nightly, Post-op
() rosuvastatin (CRESTOR) tablet - Moderate Intensity	10 mg, oral, nightly, Post-op
() Statin - High Intensity (Single Response)	
() atorvastatin (LIPITOR) tablet - High Intensity	40 mg, oral, nightly, Post-op
() atorvastatin (LIPITOR) tablet - High Intensity	80 mg, oral, nightly, Post-op
() rosuvastatin (CRESTOR) tablet - High Intensity	20 mg, oral, nightly, Post-op
() The patient is currently on a statin	Details
() The patient is not on a statin due to contraindication	on. The patient is not on a statin due to: Other Other: Contraindication
() Discharge medication prescription - evolocumab (REPATHA) subcutaneous pen or wearable inject	or
(Single Response)	Normal 2 ml 0
() evolocumab (Repatha SureClick) 140 mg/mL pen injector injection	Normal, 2 mL, 0
() evolocumab (Repatha Pushtronex) 420	Normal, 3.5 mL, 0
mg/3.5 mL wearable injector	
GPIIb/IIIa Inhibitors	
[] eptifibatide (INTEGRILIN) 0.75 mg/mL infusion	2 mcg/kg/min, intravenous, continuous, Post-op
[] bivalirudin (ANGIOMAX) 5 mg/mL in sodium chlor % 50 mL infusion	ride 0.9 1.75 mg/kg/hr, intravenous, continuous, Post-op
ACE/ARB Inhibitors	
[] enalaprilat (VASOTEC) injection	0.625 mg, intravenous, every 6 hours, Post-op BP HOLD parameters for this order: Contact Physician if:

[] enalapril (VASOTEC) tablet	40 mg, oral, daily, Post-op BP HOLD parameters for this order: Contact Physician if:
[] captopril (CAPOTEN) tablet	25 mg, oral, 3 times daily, Post-op BP HOLD parameters for this order:
[] lisinopril (PRINIVIL,ZESTRIL) tablet	Contact Physician if: 5 mg, oral, daily, Post-op BP HOLD parameters for this order: Contact Physician if:
[] valsartan (DIOVAN) tablet	160 mg, oral, 2 times daily, Post-op BP HOLD parameters for this order: Contact Physician if:
[] losartan (COZAAR) tablet	50 mg, oral, daily, Post-op BP HOLD parameters for this order: Contact Physician if:
Anti-Anginal	
[] ranolazine (RANEXA) 12 hr tablet	500 mg, oral, 2 times daily, Post-op
For Sheath(s) Pull Only - PRN	
[] atropine injection	0.5 mg, intravenous, once PRN, for heart rate LESS than 55 beats per minute, Post-op
[] diazepam (VALIUM) injection	1 mg, intravenous, once PRN, sedation, Post-op Indication(s): Sedation
[] MIDAZolam (VERSED) injection	1 mg, intravenous, once PRN, sedation, Post-op Indication(s): Sedation
[] fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, once PRN, severe pain (score 7-10), sheath pull, Post-op Allowance for Patient Preference:
[] morPHINE injection	1 mg, intravenous, once PRN, sheath pull, Post-op Allowance for Patient Preference:
Antiemetics	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Red	
[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.
promethazine (PHENERGAN) IV or Oral or Recta	
[] promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Anxiolytics (Single Response)	
() LORazepam (ATIVAN) tablet	0.5 mg, oral, every 4 hours PRN, anxiety, Post-op Indication(s): Anxiety
() ALPRAZolam (XANAX) tablet	0.25 mg, oral, every 8 hours PRN, anxiety, Post-op Indication(s): Anxiety
Insomnia: For Patients LESS than 70 years old (S	ingle Response)
() zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op

Insomnia: For Patients GREATER than 70 years old (Single Response)
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
Other Medications - PRN	
docusate sodium (COLACE) capsule magnesium hydroxide suspension	100 mg, oral, 2 times daily PRN, constipation, Post-op 30 mL, oral, 4 times daily PRN, indigestion, Post-op
[] magnesium nyuroxide suspension	30 mL, oral, 4 times daily 1 ftty, indigestion, 1 ost-op
VTE	
DVT Risk and Prophylaxis Tool (Single Response) (S	election Required)
() 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
() LOW Risk of VTE (Selection Required)	
[] 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 VTE - Surgical (Selection Requi	red)
[] Moderate Risk (Selection Required) [] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - Sure Patient (Single Response) (Selection Required)	·
() Contraindications exist for pharmacologic prophy BUT order Sequential compression device	laxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op
Contraindications exist for pharmacologic prophy AND mechanical prophylaxis	laxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
() enoxaparin (LOVENOX) injection (Single Respor (Selection Required)	nse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL 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	to 30mL/min, enoxaparin orders will apply the following recommended in 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (LC subcutaneous Daily at 1700	OVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s):

()	
() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, 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 (Single Response)	
High Risk Bleeding Characteristics	
Age > 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment Plt count < 100 K/uL	
Dual antiplatelet therapy	
Active cancer	
Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage	
Prior ischemic stroke	
History of bleeding event requiring admission	and/or transfusion
Chronic use of NSAIDs/steroids	
Active GI ulcer	
() High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, Post-op Indication for lower dose/frequency:
() Not high bleed risk (Single Response)	
() Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-op
() Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-op
() warfarin (COUMADIN) (Single Response)	
() WITHOUT pharmacy consult	oral, daily at 1700, Starting S+1, Post-op Indication:
() WITH pharmacy consult	
[] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, Post-op
[] Wallann (OCOM/IDIN) tablet	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
	Post-op
() Place/Maintain sequential compression	Routine, Continuous, Post-op
device continuous	
() MODERATE Risk of VTE - Non-Surgical (Selection Required)	on
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, Post-op
[] Moderate Risk Pharmacological Prophylaxis	
Non-Surgical Patient (Single Response) (Sele Required)	ection
() Contraindications exist for pharmacologic pr Order Sequential compression device	ophylaxis - "And" Linked Panel

() Not high bleed risk (Single Response)	
() High bleed risk	5,000 Units, subcutaneous, every 12 hours, Post-op Indication for lower dose/frequency:
Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admissior Chronic use of NSAIDs/steroids Active GI ulcer	n and/or transfusion
Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer	
High Risk Bleeding Characteristics Age > 75 Weight < 50 kg	
() fondaparinux (ARIXTRA) injection () heparin (Single Response)	2.5 mg, subcutaneous, daily, 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) subcutaneous [] enoxaparin (LOVENOX) injection	subcutaneous, Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30	Indication(s): mL/min -
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Post-op
doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa	parin 40mg every 12 hours
(Selection Required) Patient renal status: @CRCL@	
() enoxaparin (LOVENOX) injection (Single Re	Post-op sponse)
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op
Contraindications exist for pharmacologic pro AND mechanical prophylaxis	pphylaxis "And" Linked Panel
Place/Maintain sequential compression device continuous	Post-op Routine, Continuous, Post-op
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):

() Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, Post-op
() Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, Post-op
() warfarin (COUMADIN) (Single Response)	o,ooo oo, oaabaataooao, oo., ooa.o, . oot op
() WITHOUT pharmacy consult	oral, daily at 1700, Post-op Indication:
() WITH pharmacy consult	
[] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] warfarin (COUMADIN) tablet	oral, daily at 1700, Post-op 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): Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op
() HIGH Risk of VTE - Surgical (Selection Required)	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op
() enoxaparin (LOVENOX) injection (Single Responsition (Selection Required)	ponse)
Patient renal status: @CRCL@	
	JAL 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 enoxap	· · · · · · · · · · · · · · · · · · ·
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 enoxap	s arin 40mg every 12 hours
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 enoxap	s arin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op
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 enoxap () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	(LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s):
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 enoxap () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	Sarin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s): nL/min - subcutaneous, Starting S+1, Post-op
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 enoxap () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 menoxaparin (LOVENOX) subcutaneous	(LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s): nL/min - subcutaneous, Starting S+1, Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, 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
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 enoxap () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 menoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection	(LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s): nL/min - subcutaneous, Starting S+1, Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, 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):
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 enoxap () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 menoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	(LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s): nL/min - subcutaneous, Starting S+1, Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS
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 enoxap () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 menoxaparin (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	(LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s): nL/min - subcutaneous, Starting S+1, Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, Post-op
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 enoxap () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 menoxaparin (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)	(LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s): nL/min - subcutaneous, Starting S+1, Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

() 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
() HIGH Risk of VTE - Non-Surgical (Selection Requ	uired)
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-S	
Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res (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	
() F. O. C. U. F. O. L. ()	(1.0) (FNOV)
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	·
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients	than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Post-op
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (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

HIGH Risk of VTE - Surgical (Hip/Knee) (Selection	
Required)	
[] High Risk (Selection Required)	Pouting Once DACIL® Poet on
[] High risk of VTE[] High Risk Pharmacological Prophylaxis - Hip or	Routine, Once, PACU & Post-op
(Arthroplasty) Surgical Patient (Single Response (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s): Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, Post-op
() Apixaban and Pharmacy Consult (Selection Re	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Resp	oonse)
(Selection Required)	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily	AL to 30mL/min, enoxaparin orders will apply the following recommended
100 to 139kg enoxaparin 30mg every 12 hours	
GREATER THAN or EQUAL to 140kg enoxapa	
One of the contract of the con	ann roning every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s):
 For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous 	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, 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, Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, 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), 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, Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
DVT Risk and Prophylaxis Tool (Single Response)	
() Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
() LOW Risk of VTE (Selection Required) [] Low Risk (Single Response) (Selection Required)	4/
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() MODERATE Risk of VTE - Surgical (Selection Reg	PACU & Post-op
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - Si Patient (Single Response) (Selection Required)	urgical
() Contraindications exist for pharmacologic proping BUT order Sequential compression device	<u> </u>
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op
Contraindications exist for pharmacologic proplement AND mechanical prophylaxis	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUA doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa	
() For CrCl LESS than 30mL/min - enoxaparin (I subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	, ,

[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, 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 (Single Response)	
High Risk Bleeding Characteristics Age > 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission at Chronic use of NSAIDs/steroids Active GI ulcer	nd/or transfusion
() High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, Post-op Indication for lower dose/frequency:
() Not high bleed risk (Single Response)	
() Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-op
() Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-op
() warfarin (COUMADIN) (Single Response)	
() WITHOUT pharmacy consult	oral, daily at 1700, Starting S+1, Post-op Indication:
() WITH pharmacy consult	
[] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, Post-op 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): Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op
MODERATE Risk of VTE - Non-Surgical (Selection Required)	
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required) [] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, Post-op
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)	
 () Contraindications exist for pharmacologic proportion 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): Post-op

bo following
the following
the following
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the following recommend
-op
rspected case of o NOT order this SS than 50kg, prior to an 30 mL/min se of Heparin-Induced
Post on
, Post-op
Deates
, Post-op , Post-op
;

•	oral, daily at 1700, Post-op Indication:
() WITH pharmacy consult	maiodion.
[] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] warfarin (COUMADIN) tablet	oral, daily at 1700, Post-op 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): Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op
) HIGH Risk of VTE - Surgical (Selection Required)	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)	cal Patient
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op
() enoxaparin (LOVENOX) injection (Single Responsible (Selection Required)	· · · · · · · · · · · · · · · · · · ·
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxap	
, i	ann 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin	
	(LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s):
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 m	(LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s): nL/min - subcutaneous, Starting S+1, Post-op Indication(s):
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 menoxaparin (LOVENOX) subcutaneous	(LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s): nL/min - subcutaneous, Starting S+1, Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 nenoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection	(LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s): nL/min - subcutaneous, Starting S+1, Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, 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):
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 menoxaparin (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)	(LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s): nL/min - subcutaneous, Starting S+1, Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 menoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	(LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s): nL/min - subcutaneous, Starting S+1, Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 nenoxaparin (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	(LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s): nL/min - subcutaneous, Starting S+1, Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, Post-op
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 menoxaparin (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	(LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s): nL/min - subcutaneous, Starting S+1, Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1, 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	Routine, Continuous, PACU & Post-op
device continuous () HIGH Risk of VTE - Non-Surgical (Selection Require	24)
[] High Risk (Selection Required)	eu)
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-Su	·
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 Response	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUA doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar	L to 30mL/min, enoxaparin orders will apply the following recommended in 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (L subcutaneous Daily at 1700	OVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 mL enoxaparin (LOVENOX) subcutaneous	/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients	than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Post-op
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ction
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required)	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op

High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)		
(Selection Required)		
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op	
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, Post-op	
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, Post-op	
() Apixaban and Pharmacy Consult (Selection R		
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, Post-op	
[] apixaban (Eligoto) tablet	Indications: VTE prophylaxis	
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S	
(ELIQUIS) therapy	Indications: VTE prophylaxis	
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)	
Patient renal status: @CRCL@		
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap		
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, Post-op Indication(s):	
() For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous	· /	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, Post-op Indication(s):	
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, 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, Post-op	
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, Post-op	
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS	
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.	
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-op For patients with weight GREATER than 100 kg.	
() Rivaroxaban and Pharmacy Consult (Selectio Required)		
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Post-op Indications: VTE prophylaxis	
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S	
(XARELTO) therapy	Indications: VTE prophylaxis	
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, 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
Labs	
Labs in 4 hours	
[X] Creatinine level	Once, Starting H+4 Hours For 1 Occurrences In 4 Hours, Post-op
[] Basic metabolic panel	Once, Starting H+4 Hours For 1 Occurrences In 4 Hours, Post-op
[] CBC with differential	Once, Starting H+4 Hours For 1 Occurrences In 4 Hours, Post-op
[] Prothrombin time with INR	Once, Starting H+4 Hours In 4 Hours, Post-op
[] Troponin T	Now then every 3 hours, Starting H+4 Hours For 3 Occurrences In 4 Hours., Post-op
Labs Tomorrow	
[] Basic metabolic panel	AM draw For 1 Occurrences, Post-op
[] CBC with differential	AM draw For 1 Occurrences, Post-op
[] Prothrombin time with INR	AM draw For 1 Occurrences, Post-op
[] Troponin T	AM draw For 1 Occurrences, Post-op
[] Lipid panel	AM draw For 1 Occurrences, Post-op
Other Studies	
ECG	
[X] ECG Pre/Post Op (PRN)	Routine, Conditional Frequency, Starting S For 6 Occurrences Clinical Indications: Chest Pain Interpreting Physician: Post-op
[X] ECG Pre/Post Op (in AM)	Routine, Once Clinical Indications: Post-Op Surgery Interpreting Physician: In AM, ordering cardiologist to interpret EKG, Post-op
[] ECG Pre/Post Op (STAT)	STAT, Once Clinical Indications: Post-Op Surgery Interpreting Physician: Ordering cardiologist to interpret EKG, Post-op
[] ECG 12 lead	Routine, Every 4 hours For 2 Occurrences Clinical Indications: Interpreting Physician: Post-op
Echo	
[] Transthoracic Echocardiogram Complete, (w Contr Strain and 3D if needed)	rast, Routine, 1 time imaging, Starting S at 1:00 AM, Post-op
Consults	
Cardiac Rehabilitation Phase I HMH HMWB Please unselect if patient does not meet requiremen	its for Cardiac Rehab Phase I
[X] Consult to Cardiac Rehab Phase 1	Routine, Once Clinical Indications: PCI Post-op

Referral to Cardiac Rehabilitation Phase II (Single Response) (Selection Required) Please unselect if patient does not meet requirements for Referral to Cardiac Rehab Phase II and select the order: "The patient will not be referred to cardiac rehab due to:" (a reason is required on this order).		
(X) Referral to Cardiac Rehab Phase 2	Internal Referral, Scheduling/ADT Patient's Phone Number: I am referring my patient to outpatient Cardiac Rehabilitation for: Initial, Phase II (36 Sessions) prescription for Cardiac Rehabilitation.	
	Medical justification required: s/p MI (last 12 months) s/p MI (last 12 mos) Date:	
() The patient will not be referred to cardiac rehab due to:	The patient will not be referred to cardiac rehab due to:	