

Enhanced Recovery After Surgery (ERAS) Orders

ERAS Diet and Nutrition-Encourage early oral intake and advance diet as tolerated

Click here for ERAS Guidelines

URL:
 "\\epic-nas.et0922.epichosted.com\static\OrderSets\Guide lines for postoperative care in cesarean delivery.pdf"

- Clear liquid now-Advance to regular 2 hours postop
 Diet effective now, Starting S
 Diet(s): Regular
 Other Options:
 Advance Diet as Tolerated? Yes
 Target Diet: Regular
 Advance target diet criteria: Advance to regular diet 2 hours postop
 IDDSI Liquid Consistency:
 Fluid Restriction:
 Foods to Avoid:
 Clear liquids first 2 hours post op then regular diet., PACU & Post-op
- Chew gum 4 times a day 4 hours after procedure or once on regular diet
 Routine, Once, Starting S For 1 Occurrences, PACU & Post-op

ERAS Activity-Encourage early mobilization and ambulation

- Assess ability to bear weight in 4 hours postop; May start ambulation once able to bear weight
 Routine, Until discontinued, Starting S For Until specified, Post-op

ERAS Urinary catheter-Recommend early removal of urinary catheter between 2 to 12 hours postop

Click here for ERAS urinary catheter removal guidelines

URL:
 "\\epic-nas.et0922.epichosted.com\static\OrderSets\Postoperative urinary catheter removal for Enhanced.pdf"

- Remove Foley catheter (Do not remove if patient is on magnesium sulfate, had postpartum hemorrhage or bladder injury)
 Routine, Once, Starting S
 Discontinue foley in *** hours., Post-op

ERAS Pain Medications

When selecting pain medications within this section, please be sure to deselect duplicate medications from the pain control section of this order set.

- Scheduled
 Select one scheduled NSAID and one scheduled Tylenol order

- ibuprofen (MOTRIN) tablet (Single Response) (Selection Required)
 - ibuprofen (ADVIL) tablet 800 mg
 800 mg, oral, every 8 hours scheduled, Starting H+24 Hours, Post-op Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.
 - ibuprofen (ADVIL) tablet 600 mg
 600 mg, oral, every 6 hours scheduled, Starting H+24 Hours, Post-op Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.

- acetaminophen (TYLENOL) tablet (Single Response) (Selection Required)
 - acetaminophen ER (TYLENOL) 650 mg
 1,300 mg, oral, every 8 hours scheduled, Starting S+1, Post-op Start 8 hours after last Tylenol dose, begin after anesthesia care ends.
 - acetaminophen (TYLENOL) tablet 1000 mg
 1,000 mg, oral, every 6 hours scheduled, Starting H+24 Hours, Post-op Start 6 hours after last Tylenol dose, begin after anesthesia care ends.
 - acetaminophen (TYLENOL) tablet 650 mg
 650 mg, oral, every 6 hours scheduled, Starting H+24 Hours, Post-op Start 6 hours after last Tylenol dose, begin after anesthesia care ends.

- PRN ONLY for Moderate to Severe Pain (Single Response)
 - oxyCODONE (ROXICODONE) IR 5 mg and 10 mg

<input type="checkbox"/> oxyCODone (ROXICODONE) IR tablet 5 mg	5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Allowance for Patient Preference:
<input type="checkbox"/> oxyCODone (ROXICODONE) IR tablet 10 mg	10 mg, oral, every 4 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Allowance for Patient Preference:
<input type="checkbox"/> oxyCODONE (ROXICODONE) IR tablet 5 mg	5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), severe pain (score 7-10), Starting H+24 Hours, Post-op Start after Anesthesia care ends Allowance for Patient Preference:

General

Admission Orders (Single Response) (Selection Required)

Do not use Outpatient Observation Services Under General Supervision order for patients who are receiving Outpatient TRIAGE services.

Admit to L&D

Admitting Physician:
Diagnosis: Pregnancy
Bed request comments:
PACU & Post-op

Code Status

@CERMSG(674511:):@

Code Status (Single Response)

DNR and Modified Code orders should be placed by the responsible physician.

Full code

Code Status decision reached by:
Post-op

DNR (Do Not Resuscitate) (Selection Required)

DNR (Do Not Resuscitate)

Did the patient/surrogate require the use of an interpreter?
Did the patient/surrogate require the use of an interpreter?
Does patient have decision-making capacity?
Post-op

Consult to Palliative Care Service

Consult to Palliative Care Service

Priority:
Reason for Consult?
Order?
Name of referring provider:
Enter call back number:

Consult to Social Work

Reason for Consult:
Post-op

Modified Code

Did the patient/surrogate require the use of an interpreter?
Did the patient/surrogate require the use of an interpreter?
Does patient have decision-making capacity?
Modified Code restrictions:
Post-op

Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))

I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.
Treatment Restriction decision reached by:
Specify Treatment Restrictions:
Post-op

Isolation

Airborne isolation status

Airborne isolation status

Details

Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.

Once, Post-op

<input type="checkbox"/>	Contact isolation status	Details
<input type="checkbox"/>	Droplet isolation status	Details
<input type="checkbox"/>	Enteric isolation status	Details

Precautions

<input type="checkbox"/>	Aspiration precautions	Post-op
<input type="checkbox"/>	Fall precautions	Increased observation level needed: Post-op
<input type="checkbox"/>	Latex precautions	Post-op
<input type="checkbox"/>	Seizure precautions	Increased observation level needed: Post-op

Common Present on Admission Diagnosis

<input type="checkbox"/>	Acidosis	Post-op
<input type="checkbox"/>	Acute Post-Hemorrhagic Anemia	Post-op
<input type="checkbox"/>	Acute Renal Failure	Post-op
<input type="checkbox"/>	Acute Respiratory Failure	Post-op
<input type="checkbox"/>	Acute Thromboembolism of Deep Veins of Lower Extremities	Post-op
<input type="checkbox"/>	Anemia	Post-op
<input type="checkbox"/>	Bacteremia	Post-op
<input type="checkbox"/>	Bipolar disorder, unspecified	Post-op
<input type="checkbox"/>	Cardiac Arrest	Post-op
<input type="checkbox"/>	Cardiac Dysrhythmia	Post-op
<input type="checkbox"/>	Cardiogenic Shock	Post-op
<input type="checkbox"/>	Decubitus Ulcer	Post-op
<input type="checkbox"/>	Dementia in Conditions Classified Elsewhere	Post-op
<input type="checkbox"/>	Disorder of Liver	Post-op
<input type="checkbox"/>	Electrolyte and Fluid Disorder	Post-op
<input type="checkbox"/>	Intestinal Infection due to Clostridium Difficile	Post-op
<input type="checkbox"/>	Methicillin Resistant Staphylococcus Aureus Infection	Post-op
<input type="checkbox"/>	Obstructive Chronic Bronchitis with Exacerbation	Post-op
<input type="checkbox"/>	Other Alteration of Consciousness	Post-op
<input type="checkbox"/>	Other and Unspecified Coagulation Defects	Post-op
<input type="checkbox"/>	Other Pulmonary Embolism and Infarction	Post-op
<input type="checkbox"/>	Phlebitis and Thrombophlebitis	Post-op
<input type="checkbox"/>	Protein-calorie Malnutrition	Post-op
<input type="checkbox"/>	Psychosis, unspecified psychosis type	Post-op
<input type="checkbox"/>	Schizophrenia Disorder	Post-op
<input type="checkbox"/>	Sepsis	Post-op
<input type="checkbox"/>	Septic Shock	Post-op
<input type="checkbox"/>	Septicemia	Post-op
<input type="checkbox"/>	Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
<input type="checkbox"/>	Urinary Tract Infection, Site Not Specified	Post-op

Nursing

Vital signs

<input checked="" type="checkbox"/>	OB Vital Signs-P/R/BP	<p>Routine, Every 15 min Nurse to reschedule vitals:"</p> <ul style="list-style-type: none"> -Every 15 minutes for 8 times (First 2 hours) -Every 1 hour for 10 times (Next 10 hours) -Every 2 hours for 6 times (Next 12 hours) <p>-Followed by floor protocol (Subsequent hours), PACU & Post-op</p>
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<input checked="" type="checkbox"/> Check temperature	Routine, Conditional Frequency Nurse to reschedule vitals: -Every 15 minutes if hypothermic: <96.8°F or < 36°C until normothermia is achieved (First 2 hours) OR -Every 1 hour for 2 times if normothermic: 96.9°F - 100.3°F or 36°C - 37.9°C (First 2 hours) -Every 4 hours for 2 times (Next 8 hour) -Every 8 hours (Subsequent hours) (Assess more frequently when febrile: greater than or equal to 100.4°F or greater than or equal to 38°C), PACU & Post-op
<input type="checkbox"/> Intake and output	Routine, Every shift, PACU & Post-op
Activity	
<input checked="" type="checkbox"/> Ambulate with assistance	Routine, Until discontinued, Starting S Specify: with assistance Provide assistance as needed, Post-op
Nursing care	
<input type="checkbox"/> Saline lock IV	Routine, Continuous, Post-op
<input type="checkbox"/> Breast pump to bed	Routine, Once, Post-op
<input type="checkbox"/> Abdominal binder	Routine, Once Waking hours only? Nurse to schedule? Special Instructions: Post-op
<input checked="" type="checkbox"/> Encourage deep breathing and coughing	Routine, Every 2 hours Until ambulatory, Post-op
<input checked="" type="checkbox"/> Incentive spirometry	Routine, Every 2 hours Place at bedside. Encourage patient to use., Post-op
<input type="checkbox"/> K-pad to bedside	Routine, Until discontinued, Starting S, Post-op
<input checked="" type="checkbox"/> Remove Foley catheter	Routine, Once When patient is able to ambulate, Post-op
<input checked="" type="checkbox"/> Bladder scan	Routine, As needed Bladder scan if patient has not voided in 6 hours post foley removal. If urine present, assist patient to void, preferably in upright position, on bedpan. Notify physician if patient unable to void., Post-op
<input checked="" type="checkbox"/> Assist patient to void on bedpan post epidural removal if unable to void and is fall risk	Routine, As needed If patient unable to void, scan bladder and assist to void on bedpan, preferably in upright position. If patient is still unable to void notify physician. See orders for straight cath and inserting foley., Post-op
<input checked="" type="checkbox"/> Straight cath	Routine, Conditional Frequency For 1 Occurrences Post bladder scan & bedpan: If regional block and unable to void, may straight cath x 1 then insert foley to Bed Side Drainage (record amount obtained from straight cath)., Post-op
<input checked="" type="checkbox"/> Insert and maintain Foley	
<input checked="" type="checkbox"/> Insert Foley catheter	Routine, Once For 1 Occurrences Type: Size: Urinometer needed: If regional block and unable to void post straight cath x 1, then insert foley to Bed Side Drainage (record amount obtained from straight cath)., Post-op

<input checked="" type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain Post-op
<input checked="" type="checkbox"/> Uterine fundal massage	Routine, Every 4 hours For Until specified Uterine Fundal Massage postpartum for 24 hour and PRN, PACU & Post-op
Nursing POD 2	
<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S+2 Specify: Activity as tolerated Post-op
<input type="checkbox"/> Remove abdominal dressing 48 hours PostOP	Routine, Until discontinued, Starting S+2, Post-op
<input type="checkbox"/> Saline lock IV	Routine, Continuous, Post-op
<input type="checkbox"/> Discontinue IV	Routine, Once, Starting S+2 After epidural is removed., Post-op
<input type="checkbox"/> Call for discharge order when:	Routine, Until discontinued, Starting S+2 at 12:00 PM Patient is afebrile x 24 hours, voiding adequately, oral intake satisfactory, pain managed with oral medication, patient has discharge prescriptions (if indicated), patient able to verbalize discharge instructions, Post-op
Nursing POD 3	
<input checked="" type="checkbox"/> Call for discharge order when:	Routine, Until discontinued, Starting S+3 Patient is afebrile x 24 hours, voiding adequately, oral intake satisfactory, pain managed with oral medication, patient has discharge prescriptions (if indicated), patient able to verbalize discharge instructions
<input type="checkbox"/> Remove staples	Routine, Once, Starting S+3 Notify MD for removal of staples: apply benzoin tincture and steri-strips., Post-op
Notify	
<input checked="" type="checkbox"/> Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: 96.8 Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: 110 Diastolic BP less than: 50 MAP less than: Heart rate greater than (BPM): 120 Heart rate less than (BPM): 60 Respiratory rate greater than: 24 Respiratory rate less than: 12 SpO2 less than: 94 And for urine output less than 120 milliliters per 4 hours
<input type="checkbox"/> Notify Physician for abnormal bleeding	Routine, Until discontinued, Starting S, PACU & Post-op
<input type="checkbox"/> Notify Lactation Consult to see patient	Routine, Until discontinued, Starting S, Post-op
Diet	
<input type="checkbox"/> NPO except ice chips	Diet effective now, Starting S NPO: Except Ice chips Pre-Operative fasting options: An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op

<input type="checkbox"/> Diet - Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
<input type="checkbox"/> Diet - Regular	Diet effective now, Starting S Diet(s): Regular Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
<input checked="" type="checkbox"/> Diet - Advance to Regular	Diet effective now, Starting S Diet(s): Advance Diet as Tolerated? Yes Target Diet: Regular Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Advance diet as tolerated 12 hours PostOP, Post-op

IV Fluids

IV Fluids

<input checked="" type="checkbox"/> lactated Ringer's infusion	125 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> dextrose 5 % and lactated Ringer's infusion	125 mL/hr, intravenous, continuous, Post-op

Medications

Vaccines - If NOT given during pregnancy - NOT HMSJ

<input checked="" type="checkbox"/> measles-mumps-rubella Vaccine	0.5 mL, subcutaneous, once PRN, immunization, Post-op Patient Consent if Rubella Non-Immune. If NOT given during pregnancy
<input checked="" type="checkbox"/> diphtheria-pertussis-tetanus (BOOSTRIX / ADACEL) Vaccine	0.5 mL, intramuscular, once PRN, immunization, Post-op Upon patient consent and prior to discharge. If NOT given during pregnancy

Gastrointestinal Care

<input checked="" type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily, Post-op
<input type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly, Post-op
<input checked="" type="checkbox"/> simethicone (MYLICON) chewable tablet	160 mg, oral, 4 times daily PRN, flatulence, gas pain, Post-op
<input type="checkbox"/> alum-mag hydroxide-simeth (MAALOX) 200-200-20 mg/5 mL suspension	30 mL, oral, every 3 hours PRN, indigestion, gas pain, Post-op
<input checked="" type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op

Fever Care

<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, For temperature greater than 100.3, Post-op
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Breast Care

<input checked="" type="checkbox"/> lanolin cream	1 Application, Topical, PRN, dry skin, discomfort, Post-op Specify Site: Nipples
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PostPartum Oxytocin

<input checked="" type="checkbox"/> oxytocin (PITOCIN) Bolus and Maintenance Infusion	"Followed by" Linked Panel
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<input checked="" type="checkbox"/> oxytocin 30 unit/500 mL bolus from bag	10 Units, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Post-op
<input checked="" type="checkbox"/> oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous, Starting H+30 Minutes, Post-op Total 20 units over 3.5 hours. (Infuse at rate of 95 mL/hr over 3.5 hours) Increase to 999 mL/hr for uterine tone and bleeding per physician instructions.

Bleeding Medications Postpartum (Single Response)

<input type="checkbox"/> oxytocin (PITOCIN) infusion and methylergonovine (METHERGINE)	"And" Linked Panel methylergonovine (METHERGINE) is contraindicated if BP GREATER than 140/90 mmHg
<input type="checkbox"/> oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, PostPartum Vaginal Bleeding, Post-op If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.
<input type="checkbox"/> methylergonovine (METHERGINE) injection - Contraindicated if BP GREATER than 140/90 mmHg	200 mcg, intramuscular, once PRN, as needed for vaginal bleeding not controlled by oxytocin, Post-op Use if inadequate response to oxytocin. Notify Physician if further treatment needed. Contraindicated if BP GREATER than 140/90 mmHg
<input type="checkbox"/> oxytocin (PITOCIN) infusion AND carboprost (HEMABATE) injection And diphenoxylate-atropine (LOMOTIL) oral dose	"And" Linked Panel
<input type="checkbox"/> oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, PostPartum Vaginal Bleeding, Post-op If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.
<input type="checkbox"/> carboprost (HEMABATE) injection	250 mcg, intramuscular, once PRN, for Vaginal Bleeding uncontrolled by oxytocin., Post-op
<input type="checkbox"/> diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet	1 tablet, oral, once PRN, diarrhea, Post-op
<input type="checkbox"/> oxytocin (PITOCIN) infusion and misoprostol (CYTOTEK)	"And" Linked Panel
<input type="checkbox"/> oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, Postpartum Bleeding, Post-op If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr
<input type="checkbox"/> misoprostol (CYTOTEK) tablet	1,000 mcg, rectal, once PRN, as needed for vaginal bleeding not controlled by oxytocin, Post-op Use if inadequate response to oxytocin. Notify Physician if further treatment needed.
<input type="checkbox"/> tranexamic acid (CYCLOKAPRON) IVPB	1,000 mg, intravenous, Administer over: 10 Minutes, PRN, Post-op

Bleeding Medications Postpartum (HMH) (Single Response)

<input type="checkbox"/> oxytocin (PITOCIN) infusion and methylergonovine (METHERGINE)	"And" Linked Panel methylergonovine (METHERGINE) is contraindicated if BP GREATER than 140/90 mmHg
<input type="checkbox"/> oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, PostPartum Vaginal Bleeding, Post-op If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.
<input type="checkbox"/> methylergonovine (METHERGINE) injection - Contraindicated if BP GREATER than 140/90 mmHg	200 mcg, intramuscular, once PRN, as needed for vaginal bleeding not controlled by oxytocin, Post-op Use if inadequate response to oxytocin. Notify Physician if further treatment needed. Contraindicated if BP GREATER than 140/90 mmHg
<input type="checkbox"/> oxytocin (PITOCIN) infusion AND carboprost (HEMABATE) injection And diphenoxylate-atropine (LOMOTIL) oral dose	"And" Linked Panel

<input type="checkbox"/>	oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, PostPartum Vaginal Bleeding, Post-op If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.
<input type="checkbox"/>	carboprost (HEMABATE) injection	250 mcg, intramuscular, once PRN, for Vaginal Bleeding uncontrolled by oxytocin., Post-op
<input type="checkbox"/>	diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet	1 tablet, oral, once PRN, diarrhea, Post-op
<input type="checkbox"/> oxytocin (PITOCIN) infusion and misoprostol (CYTOTEC)		"And" Linked Panel
<input type="checkbox"/>	oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, Postpartum Bleeding, Post-op If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr
<input type="checkbox"/>	misoprostol (CYTOTEC) tablet	1,000 mcg, rectal, once PRN, as needed for vaginal bleeding not controlled by oxytocin, Post-op Use if inadequate response to oxytocin. Notify Physician if further treatment needed.
<input type="checkbox"/>	tranexamic acid (CYCLOKAPRON) IVPB	1,000 mg, intravenous, Administer over: 10 Minutes, PRN, bleeding, Post-op

NALOXONE FOR POST OP OPIOID PAIN MEDICATIONS

<input checked="" type="checkbox"/>	naloxone (NARCAN) 0.4 mg/mL injection	intravenous, PRN, respiratory depression, opioid reversal, Post-op
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Mild Pain (Pain Score 1-3) - NOT HMSL (Single Response)

Start after PCA discontinued or 24 hours after Duramorph injection.

<input type="checkbox"/>	acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), for non-breast feeding mothers, Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. 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:
<input type="checkbox"/>	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status. Allowance for Patient Preference:
<input type="checkbox"/>	HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Allowance for Patient Preference:

Mild Pain (Pain Score 1-3) - HMSL Only (Single Response)

Start after PCA discontinued or 24 hours after Duramorph injection.

<input type="checkbox"/>	acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. 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:
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() HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status. Maximum of 4 grams of acetaminophen per day Allowance for Patient Preference:
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Moderate Pain (Pain Score 4-6) - NOT HMSL, HMSJ (Single Response)

Start after PCA discontinued or 24 hours after Duramorph injection.

() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Allowance for Patient Preference:
() HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Allowance for Patient Preference:
() acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. 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:
() oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Allowance for Patient Preference:
() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Allowance for Patient Preference:

Moderate Pain (Pain Score 4-6) - HMSJ Only (Single Response)

Start after PCA discontinued or 24 hours after Duramorph injection.

() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Allowance for Patient Preference:
() HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Allowance for Patient Preference:
() acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. 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:

() oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Allowance for Patient Preference:
() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Allowance for Patient Preference:

Moderate Pain (Pain Score 4-6) - HMSL Only (Single Response)
Start after PCA discontinued or 24 hours after Duramorph injection.

() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Allowance for Patient Preference:
() acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. 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:
() oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Allowance for Patient Preference:
() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Allowance for Patient Preference:

Severe Pain (Pain Score 7-10) - NOT HMSL (Single Response)
Start after PCA discontinued or 24 hours after Duramorph injection.

() HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status. Allowance for Patient Preference:
() HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Allowance for Patient Preference:
() oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status. Allowance for Patient Preference:

<input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status Allowance for Patient Preference:
<input type="checkbox"/> morPHINE injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Allowance for Patient Preference:

Severe Pain (Pain Score 7-10) - HMSL Only (Single Response)

Start after PCA discontinued or 24 hours after Duramorph injection.

<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status. Allowance for Patient Preference:
<input type="checkbox"/> oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status. Allowance for Patient Preference:
<input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status Allowance for Patient Preference:
<input type="checkbox"/> morPHINE injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Allowance for Patient Preference:

Adjunct Pain Medication (Single Response)

<input type="checkbox"/> ketorolac (TORADOL) IV (Single Response) Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age. WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.	
<input type="checkbox"/> For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, cramping, laceration or incision pain, Starting H+24 Hours, Post-op
<input type="checkbox"/> For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, cramping, laceration or incision pain, Starting H+24 Hours, Post-op
<input type="checkbox"/> ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours PRN, Cramping, Laceration or Incision Pain, Starting H+24 Hours, Post-op May be used in conjunction with acetaminophen with codeine (TYLENOL #3) tablets.

Antiemetics - HHM, HMSJ, HMW, HMSTC, HMTW Only

<input checked="" type="checkbox"/> promethazine (PHENERGAN) OR ondansetron (ZOFRAN) IV	"Or" Linked Panel
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<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Starting H+24 Hours, Post-op Give ondansetron (ZOFTRAN) as first choice for Antiemetic
<input checked="" type="checkbox"/> promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Starting H+24 Hours, Post-op Give if ondansetron (ZOFTRAN) is ineffective.

Antiemetics - HMSL, HMWB Only

<input checked="" type="checkbox"/> promethazine (PHENERGAN) OR ondansetron (ZOFTRAN) IV	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Starting H+24 Hours, Post-op Give as first choice for antiemetic.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

Antiemetics - HMSTJ Only

<input checked="" type="checkbox"/> promethazine (PHENERGAN) OR ondansetron (ZOFTRAN) IV	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Starting H+24 Hours, Post-op Give as first choice for Antiemetic.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting, Starting H+24 Hours, Post-op Give if ondansetron (ZOFTRAN) is ineffective.

Insomnia: Zolpidem for Patients LESS than 70 years of age (Single Response)

<input checked="" type="checkbox"/> zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
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Itching

<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, every 4 hours PRN, itching, severe itching, Post-op Contact anesthesiologist if administering within 24 hours of receiving Duramorph
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 4 hours PRN, itching, severe itching, Post-op Contact anesthesiologist if administering within 24 hours of receiving Duramorph
<input type="checkbox"/> nalbuphine (NUBAIN) injection	2 mg, intravenous, every 2 hour PRN, itching, Starting H+24 Hours, Post-op If itching not alleviated by Benadryl Allowance for Patient Preference:

Rh Negative Mother

Nursing

<input checked="" type="checkbox"/> Rhogam Workup: If cord blood is Rh positive, complete Rhogam workup on mother and administer Rh immune globulin 300 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery.	Routine, Until discontinued, Starting S, Post-op
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Labs

<input checked="" type="checkbox"/> Fetal Screen	Conditional Frequency, Starting S For 1 Occurrences Conditional- One activation- If Rh Negative Mom and Rh Positive infant, Post-op
<input type="checkbox"/> Rhogam Type and Screen	Once, Post-op

Medication

<input checked="" type="checkbox"/> rho(D) immune globulin (HYPERRHO/RHOGAM) injection	300 mcg, intramuscular, PRN, Rhogam Workup: If cord blood is Rh positive, complete Rhogam workup on mother and administer Rh immune globulin 300 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery., For 1 Doses, Post-op
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VTE

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

VTE/DVT Risk Definitions

URL:

"\\epic-nas.et0922.epichosted.com\static\OrderSets\VTE Risk Assessment Tool v7_MAK FINAL.pdf"

LOW Risk of DVT (Selection Required)

No more than one minor risk factors; No major risk factors

Minor Risk Factors Major Risk Factors

Multiple gestation BMI > 35 at delivery

Age GREATER than 40

Low risk of thrombophilia

Preeclampsia PPH requiring transfusion or additional surgery or IR within last month

PPH > 1,000 mL (not requiring additional surgery, IR or transfusion Infection requiring antibiotics

Family history of VTE (1st degree relative prior to age 50) Antepartum hospitalization > 72 hours, immediately proceeding cesarean or within last month

Smoker Chronic morbidity; sickle cell disease, systemic lupus, cardiac disease, active inflammatory bowel disease, active neoplasm, nephrotic syndrome

Low risk of VTE

Routine, Once

Low risk: Due to low risk, SCDs are recommended while in bed and until fully ambulatory

Post-op

Place sequential compression device (Single Response)

Contraindications exist for mechanical prophylaxis

Routine, Once

No mechanical VTE prophylaxis due to the following contraindication(s):

Post-op

Place/Maintain sequential compression device continuous

Routine, Continuous

While in bed AND until fully ambulatory, Post-op

MODERATE Risk of DVT (Selection Required)

Cesarean with one major or 2+ minor risk factors. CONSIDER prophylaxis LMWH/UFH through hospitalization and continued 10 days post hospitalization.

Minor Risk Factors Major Risk Factors

Multiple gestation BMI > 35 at delivery

Age GREATER than 40

Low risk of thrombophilia

Preeclampsia PPH requiring transfusion or additional surgery or IR within last month

PPH > 1,000 mL (not requiring additional surgery, IR or transfusion Infection requiring antibiotics

Family history of VTE (1st degree relative prior to age 50) Antepartum hospitalization > 72 hours, immediately proceeding cesarean or within last month

Smoker Chronic morbidity; sickle cell disease, systemic lupus, cardiac disease, active inflammatory bowel disease, active neoplasm, nephrotic syndrome

Moderate Risk (Selection Required)

Moderate risk of VTE

Routine, Once, Post-op

Pharmacological Prophylaxis (Single Response)

enoxaparin (LOVENOX) injection (Single Response)

enoxaparin (LOVENOX) injection

40 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Post-op

Wait at least 4 hours after epidural catheter removal before administering enoxaparin

Indication(s): VTE Prophylaxis

CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection

30 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Post-op

Wait at least 4 hours after epidural catheter removal before administering enoxaparin

Indication(s): VTE Prophylaxis

<input type="checkbox"/> BMI GREATER THAN 40 kg/m ² - enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
<input type="checkbox"/> HEParin subcutaneous	
<input type="checkbox"/> HEParin (porcine) injection	10,000 Units, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Post-op Wait at least 1 hour after epidural catheter removal before administering heparin
<input type="checkbox"/> Partial thromboplastin time, activated	Once, Starting H+12 Hours For 1 Occurrences Obtain prior to heparin dose, Post-op
<input type="checkbox"/> Contact OBGYN provider after removal of epidural catheter for anticoagulation orders	Routine, Until discontinued, Starting S, Post-op
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op
<input type="checkbox"/> HIGH Risk of DVT - Prophylaxis (Selection Required)	
Mechanical prophylaxis prior to cesarean AND until fully ambulatory PLUS prophylaxis LMWH/UFH through postpartum hospitalization & continued 6 weeks from delivery date. High risk thrombophilia with no prior VTE Prior idiopathic or estrogen related VTE Low risk thrombophilia AND (family history of VTE OR single prior VTE) Receiving outpatient prophylactic LMWH or UFH	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, Post-op
<input type="checkbox"/> Pharmacological Prophylaxis (Single Response)	
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response)	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
<input type="checkbox"/> CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
<input type="checkbox"/> BMI GREATER THAN 40 kg/m ² - enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
<input type="checkbox"/> HEParin subcutaneous	
<input type="checkbox"/> HEParin (porcine) injection	10,000 Units, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Post-op Wait at least 1 hour after epidural catheter removal before administering heparin
<input type="checkbox"/> Partial thromboplastin time, activated	Once, Starting H+12 Hours For 1 Occurrences Obtain prior to heparin dose, Post-op
<input type="checkbox"/> Contact OBGYN provider after removal of epidural catheter for anticoagulation orders	Routine, Until discontinued, Starting S, Post-op

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., Post-op
<input type="checkbox"/> HIGH Risk of DVT - Therapeutic (Selection Required)	
Mechanical prophylaxis prior to cesarean and until fully ambulatory PLUS therapeutic dose LMWH/UFH through hospitalization & continued 6 weeks from delivery date. Patients already receiving outpatient therapeutic LMWH or UFH Multiple prior VTEs High risk thrombophilia AND prior VTE	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, Post-op
<input type="checkbox"/> Pharmacological Prophylaxis (Single Response)	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	1 mg/kg, subcutaneous, every 12 hours scheduled, Starting H+24 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s):
<input type="checkbox"/> Basic metabolic panel - STAT	STAT For 1 Occurrences, Post-op
<input type="checkbox"/> Anti Xa, low molecular weight	Once, Starting H+24 Hours Heparin Name: Post-op
<input type="checkbox"/> CrCl LESS THAN 30 mL/min - enoxaparin (LOVENOX) injection	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	1 mg/kg, subcutaneous, every 24 hours scheduled, Starting H+24 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s):
<input type="checkbox"/> Basic metabolic panel - STAT	STAT For 1 Occurrences, Post-op
<input type="checkbox"/> Anti Xa, low molecular weight	Once, Starting H+24 Hours Heparin Name: Post-op
<input type="checkbox"/> Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE)	STAT, Until discontinued, Starting S Heparin Indication: Specify: Specify: Monitoring: For initiation 12 hours post-delivery. Ensure epidural removed and adequate time after removal prior to therapy initiation.
<input type="checkbox"/> Contact OBGYN provider after removal of epidural catheter for anticoagulation orders	Routine, Until discontinued, Starting S, Post-op
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op

<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous While in bed AND until fully ambulatory, Post-op
<input type="checkbox"/>	Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)	
<input type="checkbox"/>	Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/>	Moderate risk of VTE	Routine, Once, Post-op
<input type="checkbox"/>	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: Post-op
<input type="checkbox"/>	Place sequential compression device (Single Response)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op
<input type="checkbox"/>	Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/>	Moderate risk of VTE	Routine, Once, Post-op
<input type="checkbox"/>	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: Post-op
<input type="checkbox"/>	Place sequential compression device (Single Response)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op
<input type="checkbox"/>	High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/>	High risk of VTE	Routine, Once, Post-op
<input type="checkbox"/>	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: Post-op
<input type="checkbox"/>	Place sequential compression device (Single Response)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op
<input type="checkbox"/>	High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/>	High risk of VTE	Routine, Once, Post-op
<input type="checkbox"/>	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: Post-op

Place sequential compression device (Single Response)

- | | |
|--|---|
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):
Post-op |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous, Post-op |

DVT Risk and Prophylaxis Tool (Single Response)

VTE/DVT Risk Definitions

URL:
"\\epic-nas.et0922.epichosted.com\static\OrderSets\VTE Risk Assessment Tool v7_MAK FINAL.pdf"

LOW Risk of DVT (Selection Required)

No more than one minor risk factors; No major risk factors
Minor Risk Factors Major Risk Factors
Multiple gestation BMI > 35 at delivery
Age GREATER than 40
Low risk of thrombophilia
Preeclampsia PPH requiring transfusion or additional surgery or IR within last month
PPH > 1,000 mL (not requiring additional surgery, IR or transfusion Infection requiring antibiotics
Family history of VTE (1st degree relative prior to age 50) Antepartum hospitalization > 72 hours, immediately proceeding cesarean or within last month
Smoker Chronic morbidity; sickle cell disease, systemic lupus, cardiac disease, active inflammatory bowel disease, active neoplasm, nephrotic syndrome

- | | |
|--|---|
| <input type="checkbox"/> Low risk of VTE | Routine, Once
Low risk: Due to low risk, SCDs are recommended while in bed and until fully ambulatory
Post-op |
|--|---|

Place sequential compression device (Single Response)

- | | |
|--|---|
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):
Post-op |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous
While in bed AND until fully ambulatory, Post-op |

MODERATE Risk of DVT (Selection Required)

Cesarean with one major or 2+ minor risk factors. CONSIDER prophylaxis LMWH/UFH through hospitalization and continued 10 days post hospitalization.
Minor Risk Factors Major Risk Factors
Multiple gestation BMI > 35 at delivery
Age GREATER than 40
Low risk of thrombophilia
Preeclampsia PPH requiring transfusion or additional surgery or IR within last month
PPH > 1,000 mL (not requiring additional surgery, IR or transfusion Infection requiring antibiotics
Family history of VTE (1st degree relative prior to age 50) Antepartum hospitalization > 72 hours, immediately proceeding cesarean or within last month
Smoker Chronic morbidity; sickle cell disease, systemic lupus, cardiac disease, active inflammatory bowel disease, active neoplasm, nephrotic syndrome

Moderate Risk (Selection Required)

- | | |
|---|---|
| <input type="checkbox"/> Moderate risk of VTE | Routine, Once, Post-op |
| <input type="checkbox"/> Pharmacological Prophylaxis (Single Response) | |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) | |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection | 40 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Post-op
Wait at least 4 hours after epidural catheter removal before administering enoxaparin
Indication(s): VTE Prophylaxis |

<input type="checkbox"/> CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
<input type="checkbox"/> BMI GREATER THAN 40 kg/m ² - enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
<input type="checkbox"/> HEParin subcutaneous	
<input type="checkbox"/> HEParin (porcine) injection	10,000 Units, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Post-op Wait at least 1 hour after epidural catheter removal before administering heparin
<input type="checkbox"/> Partial thromboplastin time, activated	Once, Starting H+12 Hours For 1 Occurrences Obtain prior to heparin dose, Post-op
<input type="checkbox"/> Contact OBGYN provider after removal of epidural catheter for anticoagulation orders	Routine, Until discontinued, Starting S, Post-op
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op
<input type="checkbox"/> HIGH Risk of DVT - Prophylaxis (Selection Required)	
Mechanical prophylaxis prior to cesarean AND until fully ambulatory PLUS prophylaxis LMWH/UFH through postpartum hospitalization & continued 6 weeks from delivery date. High risk thrombophilia with no prior VTE Prior idiopathic or estrogen related VTE Low risk thrombophilia AND (family history of VTE OR single prior VTE) Receiving outpatient prophylactic LMWH or UFH	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, Post-op
<input type="checkbox"/> Pharmacological Prophylaxis (Single Response)	
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response)	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
<input type="checkbox"/> CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
<input type="checkbox"/> BMI GREATER THAN 40 kg/m ² - enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
<input type="checkbox"/> HEParin subcutaneous	
<input type="checkbox"/> HEParin (porcine) injection	10,000 Units, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Post-op Wait at least 1 hour after epidural catheter removal before administering heparin
<input type="checkbox"/> Partial thromboplastin time, activated	Once, Starting H+12 Hours For 1 Occurrences Obtain prior to heparin dose, Post-op

<input type="checkbox"/> Contact OBGYN provider after removal of epidural catheter for anticoagulation orders	Routine, Until discontinued, Starting S, Post-op
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., Post-op
<input type="checkbox"/> HIGH Risk of DVT - Therapeutic (Selection Required)	
Mechanical prophylaxis prior to cesarean and until fully ambulatory PLUS therapeutic dose LMWH/UFH through hospitalization & continued 6 weeks from delivery date. Patients already receiving outpatient therapeutic LMWH or UFH Multiple prior VTEs High risk thrombophilia AND prior VTE	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, Post-op
<input type="checkbox"/> Pharmacological Prophylaxis (Single Response)	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	1 mg/kg, subcutaneous, every 12 hours scheduled, Starting H+24 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s):
<input type="checkbox"/> Basic metabolic panel - STAT	STAT For 1 Occurrences, Post-op
<input type="checkbox"/> Anti Xa, low molecular weight	Once, Starting H+24 Hours Heparin Name: Post-op
<input type="checkbox"/> CrCl LESS THAN 30 mL/min - enoxaparin (LOVENOX) injection	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	1 mg/kg, subcutaneous, every 24 hours scheduled, Starting H+24 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s):
<input type="checkbox"/> Basic metabolic panel - STAT	STAT For 1 Occurrences, Post-op
<input type="checkbox"/> Anti Xa, low molecular weight	Once, Starting H+24 Hours Heparin Name: Post-op
<input type="checkbox"/> Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE)	STAT, Until discontinued, Starting S Heparin Indication: Specify: Specify: Monitoring: For initiation 12 hours post-delivery. Ensure epidural removed and adequate time after removal prior to therapy initiation.
<input type="checkbox"/> Contact OBGYN provider after removal of epidural catheter for anticoagulation orders	Routine, Until discontinued, Starting S, Post-op
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	

<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous While in bed AND until fully ambulatory, Post-op
<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)	
<input type="checkbox"/> Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, Post-op
<input type="checkbox"/> 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: Post-op
<input type="checkbox"/> Place sequential compression device (Single Response)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op
<input type="checkbox"/> Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, Post-op
<input type="checkbox"/> 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: Post-op
<input type="checkbox"/> Place sequential compression device (Single Response)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op
<input type="checkbox"/> High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, Post-op
<input type="checkbox"/> 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: Post-op
<input type="checkbox"/> Place sequential compression device (Single Response)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op
<input type="checkbox"/> High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, Post-op

<input type="checkbox"/> 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: Post-op
<input type="checkbox"/> Place sequential compression device (Single Response)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op

Labs

Hematology

<input type="checkbox"/> Hemoglobin	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Hematocrit	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> CBC hemogram	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> CBC with differential	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Conditional Frequency For 1 Occurrences Specimen Source: Urine Specimen Site: Clean catch, one activation for temperature greater than 101, Post-op

Hypertensive Lab Panel

<input type="checkbox"/> Pre-Eclamptic Lab Panel	
<input type="checkbox"/> CBC with differential	STAT For 1 Occurrences, Post-op
<input type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences, Post-op
<input type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences, Post-op
<input type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences, Post-op
<input type="checkbox"/> Fibrinogen	STAT For 1 Occurrences, Post-op
<input type="checkbox"/> Uric acid	STAT For 1 Occurrences, Post-op
<input type="checkbox"/> LDH	STAT For 1 Occurrences, Post-op
<input type="checkbox"/> Urine Protein and Creatinine	
<input type="checkbox"/> Creatinine level, urine, random	Once For 1 Occurrences, Post-op
<input type="checkbox"/> Protein, urine, random	Once For 1 Occurrences, Post-op

Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input checked="" type="checkbox"/> Consult to Lactation Support	Reason for Lactation Consult: Post-op, If needed
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Post-op
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? Post-op