# Penile Prosthesis Immediate Post-Op [1921]

|  | mmon Present on Admission Diagnosis  |  |
|--|--|--|
| _  | Acidosis   | Post-op  |
| ]  | Acute Post-Hemorrhagic Anemia  | Post-op  |
| ]  | Acute Renal Failure  | Post-op  |
| ]  | Acute Respiratory Failure  | Post-op  |
| ]  | Acute Thromboembolism of Deep Veins of Lower Extremities   | Post-op  |
| 1  | Anemia   | Post-op  |
|  | Bacteremia   | Post-op  |
| i<br>I   | Bipolar disorder, unspecified  | Post-op  |
| İ  | Cardiac Arrest   | Post-op  |
|  | Cardiac Dysrhythmia  | Post-op  |
| i<br>I   | Cardiogenic Shock  | Post-op  |
|  | Decubitus Ulcer  | Post-op  |
| _  | Dementia in Conditions Classified Elsewhere  | Post-op  |
| _  | Disorder of Liver  | Post-op  |
| _  | Electrolyte and Fluid Disorder   | Post-op  |
| <u> </u>                                       | Intestinal Infection due to Clostridium Difficile  | Post-op  |
| <u> </u>                                       | Methicillin Resistant Staphylococcus Aureus Infection  | Post-op  |
| <u>                                       </u> | Obstructive Chronic Bronchitis with Exacerbation   | Post-op  |
|  | Other Alteration of Consciousness  | Post-op  |
| <u> </u><br>                                   | Other and Unspecified Coagulation Defects  | · · · · · · · · · · · · · · · · · · ·                          |
| _  | <u> </u>   | Post-op  |
| <u> </u>                                       | Other Pulmonary Embolism and Infarction  | Post-op  |
| _  | Phlebitis and Thrombophlebitis   | Post-op  |
|  | Protein-calorie Malnutrition   | Post-op  |
| L  | Psychosis, unspecified psychosis type  | Post-op  |
| Ļ  | Schizophrenia Disorder   | Post-op  |
| _  | Sepsis   | Post-op  |
|  | Septic Shock   | Post-op  |
|  | Septicemia   | Post-op  |
|  | Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled | Post-op  |
|  | Urinary Tract Infection, Site Not Specified  | Post-op  |
| le   | ctive Outpatient, Observation, or Admission (Single F  | Response)  |
|  | Elective outpatient procedure: Discharge following routine recovery                                    | Routine, Continuous, PACU & Post-op                            |
|  | Outpatient observation services under general  | Admitting Physician:   |
|  | supervision  | Patient Condition:   |
|  |  | Bed request comments:  |
|  |  | PACU & Post-op   |
| )  | Outpatient in a bed - extended recovery  | Admitting Physician:   |
|  |  | Bed request comments:  |
|  |  | PACU & Post-op   |
| )  | Admit to Inpatient   | Admitting Physician:   |
|  |  | Level of Care:   |
|  |  | Patient Condition:   |
|  |  | Bed request comments:  |
|  |  | Certification: I certify that based on my best clinical judgme |
|  |  | and the patient's condition as documented in the HP and        |
|  |  | progress notes, I expect that the patient will need hospital   |
|  |  | services for two or more midnights. PACU & Post-op             |

| Patient has active outpatient status order on file                                  |   |
|---|---|
| () Admit to Inpatient   | Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op |
| () Outpatient observation services under general supervision                        | Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op  |
| () Outpatient in a bed - extended recovery  | Admitting Physician: Bed request comments: PACU & Post-op   |
| () Transfer patient   | Level of Care:  Bed request comments:  Scheduling/ADT   |
| () Return to previous bed   | Routine, Until discontinued, Starting S, Scheduling/ADT   |
| Admission (Single Response) Patient has active status order on file                 |   |
| () Admit to inpatient   | Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op |
| () Transfer patient   | Level of Care:  Bed request comments:  Scheduling/ADT   |
| () Return to previous bed   | Routine, Until discontinued, Starting S, Scheduling/ADT   |
| Transfer (Single Response) Patient has active inpatient status order on file        |   |
| () Transfer patient   | Level of Care: Bed request comments: Scheduling/ADT   |
| () Return to previous bed  Code Status  @CERMSG(674511:)@                           | Routine, Until discontinued, Starting S, Scheduling/ADT   |
| [X] Code Status (Single Response)  DNR and Modified Code orders should be placed by | by the responsible physician.   |
| () Full code  | Code Status decision reached by:<br>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 Priori   |  |
|  | on for Consult?  |
| Order  |  |
|  | e of referring provider:   |
|  | call back number:  |
|  | n for Consult:   |
| Post-oj  () Modified Code  Did the j   | patient/surrogate require the use of an interpreter?                         |
| 1   ` '  | patient/surrogate require the use of an interpreter?                         |
|  | tient have decision-making capacity?   |
|  | Code restrictions:   |
| Post-op  |  |
| [] Treatment Restrictions ((For use when a patient is NOT  | I understand that if the patient is NOT in a cardiopulmonary                 |
| in a cardiopulmonary arrest))  | 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  |
| location   |  |
| Isolation  |  |
| [] Airborne isolation status   |  |
| [] Airborne isolation status Details   |  |
| [] Mycobacterium tuberculosis by PCR - If you Once, P  | ost-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:  |
| [1] Latay procestions  | Post-op  |
| [] Latex precautions   | Post-op  |
| [] Seizure precautions   | Increased observation level needed: Post-op                                  |
|  | 1 031-0p   |
| Nursing  |  |
|  |  |
| Vital Signs  |  |
| [] Vital signs - T/P/R/BP - Per Unit Protocol - PACU   | Routine, Per unit protocol, PACU   |
| [] Vital signs - T/P/R/BP - Per Unit Protocol - Post-Op Floor  | Routine, Per unit protocol, Post-op  |
| ,  |  |
| Activity   |  |
| [X] Dangle at bedside this PM - DOS  | Routine, Once, Post-op   |
| [X] Ambulate with assistance - POD 1   | Routine, 3 times daily, Starting S+1   |
| [24] / anibalato mai accidianto i OD i   | Specify: with assistance   |
|  | Post-op  |
| Ambulate with assistance - POD 2   | Routine, 3 times daily, Starting S+2   |
| [] / Will dedicted to 5 2  | Specify: with assistance   |
|  | Post-op  |
|  | •  |
| Nursing Assessments  |  |
| [] Strict intake and output - DOS  | Routine, Once For 1 Occurrences, Post-op                                     |
| [X] Intake and output - DOS  | Routine, Every hour, PACU  |
| [X] Intake and output - POD 1  | Routine, Every Rours, Starting S+1, Post-op                                  |
| [] Intake and output   | Routine, Every 8 hours, Starting S+1, Post-op  Routine, Every shift, Post-op |
| [] Intake and output   | roduine, Every Still, i Ost-Op   |
| I and the second |  |

| [X] Remove Foley catheter  | Routine, Once, Starting S+1 at 5:00 AM For 1 Occurrences, Post-op   |
|--|---|
| ] Insert and maintain Foley  | ·   |
| Ty<br>Si<br>U  | outine, Once<br>ype:<br>ize:<br>rinometer needed:   |
|  | ACU & Post-op   |
| 0  | outine, 2 times daily with First Occurrence As Scheduled orders: Maintain se soap and water, PACU & Post-op   |
| <ul> <li>Urethral catheter to gravity drainage and apply DALE catheter holder - DOS</li> </ul> | Routine, Until discontinued, Starting S DO NOT MANIPULATE   |
|  | Reason for urinary catheter: ***, PACU & Post-op  |
| [] Drain care - Jackson Pratt - DOS  | Routine, Once For 1 Occurrences Type of drain: Jackson Pratt Specify location: Drain Number: Drainage/Suction: To Compression (Bulb) Suction Post-op  |
| ] Nasogastric tube maintenance   | Routine, Until discontinued, Starting S Tube Care Orders: To Low Intermittent Suction PACU & Post-op  |
| [X] Incentive spirometry - DOS   | Routine, Every 2 hours while awake, PACU & Post-op  |
| ] Saline lock IV   | Routine, Once For 1 Occurrences, PACU & Post-op   |
| Apply ice pack   | Routine, As needed Afftected area: Waking hours only? Nurse to schedule? Special Instructions: Swelling, Post-op  |
| [] Penile cradle   | Routine, As needed, Post-op   |
| Notify   |   |
| [] Notify Physician for vitals:  | Routine, Until discontinued, Starting S Temperature greater than: 101.5 Temperature less than: 96 Systolic BP greater than: 180 Systolic BP less than: 90 Diastolic BP greater than: 100 Diastolic BP less than: 40 MAP less than: Heart rate greater than (BPM): 120 Heart rate less than (BPM): 50 Respiratory rate greater than: 22 Respiratory rate less than: 10 SpO2 less than: 90 24 hour weight gain greater than: 2 lbs Glucose greater than: 400 Glucose less than: 50 Urine output less than (mL/hr): 20 |

| I I Notity Decident tervitele:   | Pourting Until discontinued Starting S  |
|--|---|
| [] Notify Resident for vitals:   | Routine, Until discontinued, Starting S Temperature greater than: 101.5   |
|  | Temperature less than: 96   |
|  | Systolic BP greater than: 180   |
|  | Systolic BP less than: 90   |
|  | Diastolic BP greater than: 100  |
|  | Diastolic BP less than: 40  |
|  | MAP less than:  |
|  | Heart rate greater than (BPM): 120  |
|  | Heart rate less than (BPM): 50  |
|  | Respiratory rate greater than: 22   |
|  | Respiratory rate less than: 10  |
|  | SpO2 less than: 90  |
|  | 24 hour weight gain greater than: 2 lbs   |
|  | Glucose greater than: 400 Glucose less than: 50   |
|  | Urine output less than (mL/hr): 20  |
|  | C Ca.par. cos a a ()  |
| Diet 11 NDO  | Diet effective new Starting S   |
| [] NPO   | Diet effective now, Starting S<br>NPO:  |
|  | Pre-Operative fasting options:  |
|  | An NPO order without explicit exceptions means nothing can  |
|  | be given orally to the patient., PACU   |
| [] Diet - DOS  | Diet effective now, Starting S For 1 Occurrences  |
|  | Diet(s):  |
|  | Other Options:  |
|  | Advance Diet as Tolerated?  |
|  | IDDSI Liquid Consistency:   |
|  | Fluid Restriction:  |
|  | Foods to Avoid:   |
|  | Foods to Avoid:   |
|  |   |
|  | PACU & Post-op  |
| IV Fluids  |   |
| IV Fluids IV Fluids  |   |
|  |   |
| IV Fluids  [] sodium chloride 0.9% infusion  | PACU & Post-op  intravenous, at 125 mL/hr, continuous, Post-op  |
| IV Fluids  [] sodium chloride 0.9% infusion [] lactated ringers infusion   | intravenous, at 125 mL/hr, continuous, Post-op intravenous, at 125 mL/hr, continuous, Post-op   |
| IV Fluids  [] sodium chloride 0.9% infusion  | PACU & Post-op  intravenous, at 125 mL/hr, continuous, Post-op  |
| IV Fluids  [] sodium chloride 0.9% infusion [] lactated ringers infusion [] dextrose 5%-lactated ringers infusion  | intravenous, at 125 mL/hr, continuous, Post-op   |
| IV Fluids  [] sodium chloride 0.9% infusion [] lactated ringers infusion [] dextrose 5%-lactated ringers infusion [] dextrose 5 % and sodium chloride 0.45 % with  | intravenous, at 125 mL/hr, continuous, Post-op   |
| IV Fluids   Sodium chloride 0.9% infusion   lactated ringers infusion   dextrose 5%-lactated ringers infusion   dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion   Medications  | intravenous, at 125 mL/hr, continuous, Post-op  |
| IV Fluids  | intravenous, at 125 mL/hr, continuous, Post-op  |
| Sodium chloride 0.9% infusion   lactated ringers infusion   dextrose 5%-lactated ringers infusion   dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion    Medications   Antibiotics - Penile Prosthesis Insertion, Remove HOP-Surgery approved antibiotic options for penile consult pharmacy or infectious disease consultant.   | intravenous, at 125 mL/hr, continuous, Post-op  |
| Sodium chloride 0.9% infusion   lactated ringers infusion   dextrose 5%-lactated ringers infusion   dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion    Medications   Antibiotics - Penile Prosthesis Insertion, Remove HOP-Surgery approved antibiotic options for peniconsult pharmacy or infectious disease consultantical process.  | intravenous, at 125 mL/hr, continuous, Post-op |
| Sodium chloride 0.9% infusion   lactated ringers infusion   dextrose 5%-lactated ringers infusion   dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion    Medications   Antibiotics - Penile Prosthesis Insertion, Remove HOP-Surgery approved antibiotic options for penile consult pharmacy or infectious disease consultantical process.   | intravenous, at 125 mL/hr, continuous, Post-op 3 g, intravenous, once, Starting S, For 1 Doses, PACU &  |
| IV Fluids   Sodium chloride 0.9% infusion   lactated ringers infusion   dextrose 5%-lactated ringers infusion   dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion   Medications  | intravenous, at 125 mL/hr, continuous, Post-op intravenous, once, Starting S, For 1 Doses, PACU & Post-op Reason for Therapy: Surgical Prophylaxis "And" Linked Panel  |
| IV Fluids   Sodium chloride 0.9% infusion   lactated ringers infusion   dextrose 5%-lactated ringers infusion   dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion   Medications  | intravenous, at 125 mL/hr, continuous, Post-op intravenous, once, Starting S, For 1 Doses, PACU & Post-op Reason for Therapy: Surgical Prophylaxis  "And" Linked Panel 120 kg 5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op   |
| Sodium chloride 0.9% infusion   lactated ringers infusion   dextrose 5%-lactated ringers infusion   dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion   Medications  | intravenous, at 125 mL/hr, continuous, Post-op  al, or Revision (Single Response) ille prosthesis surgery. If patient allergy prevents use of options below, it for alternative options.  3 g, intravenous, once, Starting S, For 1 Doses, PACU & Post-op Reason for Therapy: Surgical Prophylaxis  "And" Linked Panel  120 kg  5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis  |
| IV Fluids   Sodium chloride 0.9% infusion   lactated ringers infusion   dextrose 5%-lactated ringers infusion   dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion    Medications   Medications   Antibiotics - Penile Prosthesis Insertion, Remove HOP-Surgery approved antibiotic options for peni consult pharmacy or infectious disease consultan   () ampicillin-sulbactam (UNASYN) 3 g injection   () gentamicin (GARAMYCIN) IVPB plus ceFAZolin (ANCEF) IVPB - For patients GREATER THAN | intravenous, at 125 mL/hr, continuous, Post-op  al, or Revision (Single Response) ille prosthesis surgery. If patient allergy prevents use of options below, it for alternative options.  3 g, intravenous, once, Starting S, For 1 Doses, PACU & Post-op Reason for Therapy: Surgical Prophylaxis  120 kg  5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis 3 g, intravenous, once, Starting S, For 1 Doses, Pre-op   |
| Sodium chloride 0.9% infusion   lactated ringers infusion   dextrose 5%-lactated ringers infusion   dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion   Medications  | intravenous, at 125 mL/hr, continuous, Post-op intravenous, once, Starting S, For 1 Doses, PACU & Post-op Reason for Therapy: Surgical Prophylaxis  "And" Linked Panel  120 kg  5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis 3 g, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of procedure. Infuse over 30 minutes. Repeat 8 hours   |
| Sodium chloride 0.9% infusion   lactated ringers infusion   dextrose 5%-lactated ringers infusion   dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion   Medications  | intravenous, at 125 mL/hr, continuous, Post-op  al, or Revision (Single Response) ille prosthesis surgery. If patient allergy prevents use of options below, it for alternative options.  3 g, intravenous, once, Starting S, For 1 Doses, PACU & Post-op Reason for Therapy: Surgical Prophylaxis  120 kg  5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis 3 g, intravenous, once, Starting S, For 1 Doses, Pre-op   |

| <ul> <li>gentamicin (GARAMYCIN) IVPB plus ceFAZolin<br/>(ANCEF) IVPB - For patients LESS than or EQU<br/>120 kg</li> </ul>       |   |
|--|---|
| [] gentamicin (GARAMICIN) IVPB   | 5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op<br>Reason for Therapy:   |
| [] cefazolin (ANCEF) IVPB  | 2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of procedure. Infuse over 30 minutes. Repeat 8 hour after initial dose if still intra-op. Per Med Staff Policy, R.Ph. will automatically renally dose this medicat based on current SCr and CrCl values. Reason for Therapy: |
| <ul> <li>) gentamicin (GARAMYCIN) IVPB plus clindamyci<br/>(CLEOCIN) IVPB - For Penicillin or Vancomycin<br/>patients</li> </ul> |   |
| [] gentamicin (GARAMICIN) IVPB   | 5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication:  |
| [] clindamycin (CLEOCIN) IVPB  | 900 mg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Give within 1 hour of penile prosthesis procedure. Infuse over 30 minut Repeat 3 hours after initial dose if still intra-op. Indication:  |
| <ul><li>() gentamicin (GARAMYCIN) IVPB plus vancomyci<br/>(VANCOCIN) IVPB</li></ul>  | in "And" Linked Panel   |
| [] gentamicin (GARAMICIN) IVPB   | 5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication:  |
| Antibiotics: For Patients GREATER than 120 kg (  | Give within 2 hours of penile prosthesis procedure. Infuse over 60 minutes. Repeat 8 hours after initial dose if still intra-op. Reason for Therapy: Surgical Prophylaxis  Single Response)   |
| ( ) ceFAZolin (ANCEF) IV - For Patients GREATER 120 kg   | than 3 g, intravenous, once, For 1 Doses, PACU & Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis   |
| ( ) cefoxitin (MEFOXIN) IV   | 2 g, intravenous, once, For 1 Doses, PACU & Post-op<br>Type of Therapy: New Anti-Infective Order<br>Reason for Therapy: Surgical Prophylaxis  |
| ( ) metronidazole (FLAGYL) IV  | 500 mg, intravenous, once, For 1 Doses, PACU & Post-op<br>Type of Therapy: New Anti-Infective Order<br>Reason for Therapy: Surgical Prophylaxis   |
| () ampicillin-sulbactam (UNASYN) IV  | 3 g, intravenous, once, Starting S, For 1 Doses, PACU & Post-op<br>Type of Therapy: New Anti-Infective Order<br>Reason for Therapy: Surgical Prophylaxis  |
| () levofloxacin (LEVAQUIN) IV  | 500 mg, intravenous, once, Starting S, For 1 Doses, PACU & Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis   |
| vancomycin (VANCOCIN) IV   | 15 mg/kg, intravenous, once, For 1 Doses, PACU & Post-op Dose to be given 12 hours after pre-op dose. Use of vancomycin is indicated due to high prevalence rates for MRSA, for all areas within the hospital.  Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis      |
| () gentamicin (GARAMICIN) IVPB - For Penicillin A Patients   |   |

Antibiotics: For Patients LESS than or EQUAL to 120 kg (Single Response)

| ( ) ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg | 2 g, intravenous, once, For 1 Doses, PACU & Post-op<br>Type of Therapy: New Anti-Infective Order<br>Reason for Therapy: Surgical Prophylaxis   |
|--|--|
| () cefoxitin (MEFOXIN) IV  | 2 g, intravenous, once, For 1 Doses, PACU & Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis   |
| ( ) metronidazole (FLAGYL) IV  | 500 mg, intravenous, once, For 1 Doses, PACU & Post-op<br>Type of Therapy: New Anti-Infective Order<br>Reason for Therapy: Surgical Prophylaxis  |
| () ampicillin-sulbactam (UNASYN) IV                                  | 3 g, intravenous, once, Starting S, For 1 Doses, PACU & Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis   |
| () levofloxacin (LEVAQUIN) IV  | 500 mg, intravenous, once, Starting S, For 1 Doses, PACU & Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis  |
| () vancomycin (VANCOCIN) IV  | 15 mg/kg, intravenous, once, For 1 Doses, PACU & Post-op Dose to be given 12 hours after pre-op dose. Use of vancomycin is indicated due to high prevalence rates for MRSA, for all areas within the hospital.  Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| ( ) gentamicin (GARAMICIN) IVPB - For Penicillin Allergic Patients   | 5 mg/kg, intravenous, Administer over: 30 Minutes, once, Starting S, For 1 Doses, PACU & Post-op Indication:   |

#### Beta Blockers (Post-Op)

If patient was on beta-blocker therapy prior to procedure:

- 1. The patient must have a dose of beta-blocker on day of surgery (pre-op or post-op) OR a contraindication to beta-blocker should be documented on the day of surgery (pre or post-op).

  2. A beta-blocker should be resumed (via order or medication reconciliation) post-op Day 1 OR a contraindication to
- beta-blocker should be documented on POD 1 or POD 2.

| [] Beta Blocker starting day of surgery (Single Resp                       | ponse)   |
|--|--|
| () metoprolol tartrate (LOPRESSOR) tablet on day of surgery                | 12.5 mg, oral, once, Starting S, For 1 Doses, Post-op Hold for SBP less than 100 mmHg, DBP less than 60 mmHg, heart rate less than 50 beats per minute or patient is on vasopressor or inotrope. BP & HR HOLD parameters for this order: Contact Physician if:         |
| () metoprolol (LOPRESSOR) injection (requires telemetry) on day of surgery | 2.5 mg, intravenous, once, Starting S, For 1 Doses, Post-op Hold for SBP less than 100 mmHg, DBP less than 60 mmHg, heart rate less than 50 beats per minute or patient is on vasopressor or inotrope. BP & HR HOLD parameters for this order: Contact Physician if:   |
| () carvedilol (COREG) tablet on day of surgery                             | 3.125 mg, oral, once, Starting S, For 1 Doses, Post-op Hold for SBP less than 100 mmHg, DBP less than 60 mmHg, heart rate less than 50 beats per minute or patient is on vasopressor or inotrope. BP & HR HOLD parameters for this order: Contact Physician if:        |
| [] Beta Blockers starting day after surgery (Single Response)              |  |
| ( ) metoprolol tartrate (LOPRESSOR) tablet on day of surgery               | 12.5 mg, oral, once, Starting S+1, For 1 Doses, Post-op Hold for SBP less than 100 mmHg, DBP less than 60 mmHg, heart rate less than 50 beats per minute or patient is on vasopressor or inotrope. BP & HR HOLD parameters for this order: Contact Physician if:       |
| () metoprolol (LOPRESSOR) injection (requires telemetry) on day of surgery | 2.5 mg, intravenous, once, Starting S+1, For 1 Doses, Post-op Hold for SBP less than 100 mmHg, DBP less than 60 mmHg, heart rate less than 50 beats per minute or patient is on vasopressor or inotrope. BP & HR HOLD parameters for this order: Contact Physician if: |

| () carvedilol (COREG) tablet on day of surgery  | 3.125 mg, oral, once, Starting S+1, For 1 Doses, Post-op Hold for SBP less than 100 mmHg, DBP less than 60 mmHg, heart rate less than 50 beats per minute or patient is on vasopressor or inotrope. BP & HR HOLD parameters for this order: Contact Physician if:   |
|---|---|
| PCA Medications - Not HMSJ (Single Response)  |   |
| ) fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL +<br>Nursing PCA Orders                           |   |
| <ul><li>[] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL<br/>Response)</li></ul>                  | (Single   |
| ( ) fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA solution for Opioid Naive                       | Nurse Loading Dose: Not Ordered<br>PCA Dose: 10 mcg<br>Lockout: 10 Minutes<br>Four Hour Dose Limit: 150 mcg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mcg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.  Adjust doses for age, renal function or other factors. |
| [] Nursing PCA Orders   | Adjust doses for age, renai function of other factors.  |
| [] Vital signs - T/P/R/BP   | Routine, Per unit protocol  - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then  - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then  - Every 4 hours until PCA therapy is discontinued.  - Immediately following PCA administration tubing change  |
| [] PCA Documentation  | Routine, Every 12 hours  At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume).   |
| [] Patient education Pain pump  | Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button.   |
| [] Pasero Opioid-induced Sedation Scale   | Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4.   |
| [] Notify Physician   | Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy   |
| [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less  - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention  |
| [] IV Fluids for provision of PCA Therapy (Single Response)                                 |   |
| () sodium chloride 0.9 % infusion   | 30 mL/hr, intravenous, continuous   |
| () dextrose 5% infusion ) bydromorPHONE PCA (DILALIDID) 15 mg/30 ml                         | 30 mL/hr, intravenous, continuous   |
|   | <del>-</del>  |

<sup>( )</sup> hydromorPHONE PCA (DILAUDID) 15 mg/30 mL + Nursing PCA Orders Printed on 1/4/2024 at 11:45 AM from Production

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

| () morPHINE PCA 30 mg/30 mL in sodium chloride 0.9% for Opioid Naive                        | Nurse Loading Dose: Not Ordered<br>PCA Dose: 1 mg<br>Lockout Interval: 10 Minutes<br>MAX (Four hour dose limit): 20 mg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after |
|---|--|
|   | increase in demand dose, call ordering prescriber.   |
| Nursing PCA Orders  | Adjust doses for age, renal function or other factors.   |
| [] Vital signs - T/P/R/BP   | Routine, Per unit protocol  Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then  Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then  Every 4 hours until PCA therapy is discontinued.   |
|   | - Immediately following PCA administration tubing change   |
| [] PCA Documentation  | Routine, Every 12 hours  At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume).  |
| [] Patient education Pain pump  | Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button.  |
| [] Pasero Opioid-induced Sedation Scale   | Routine, Every 6 hours, Starting S<br>Assess POSS while patient has an active PCA order. Contact provider if<br>score 3 or 4.  |
| [] Notify Physician   | Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy  |
| [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less  - Severe and/or recent confusion or disorientation  - POSS sedation level 4: Somnolent and difficult to arouse  - Sustained hypotension (SBP less than 90)  - Excessive nausea or vomiting  - Urinary retention   |
| [] IV Fluids for provision of PCA Therapy (Single Response)                                 |  |
| () sodium chloride 0.9 % infusion   | 30 mL/hr, intravenous, continuous  |
| () dextrose 5% infusion   | 30 mL/hr, intravenous, continuous  |
| CA Medications - HMSJ Only (Single Response)  |  |
| ) fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders                              |  |
| [] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL Response)  | (Single  |
|   |  |

| ( ) fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA solution for Opioid Naive | Nurse Loading Dose: Not Ordered<br>PCA Dose: 10 mcg<br>Lockout: 10 Minutes<br>Four Hour Dose Limit: 150 mcg |
|---|---|
|   | intravenous, continuous   |
|   | For breakthrough pain: Administer only if respiratory rate 12 per minute                                    |
|   | or more and POSS level of 2 or less. RN may bolus *** every *** hours                                       |
|   | as needed. If pain persists, may increase PCA demand dose by *** mcg  |
|   | ONCE. If more than 2 bolus doses in 12 hours or if pain persists after                                      |
|   | increase in demand dose, call ordering prescriber.  |
| 1 Nursing BCA Orders  | Adjust doses for age, renal function or other factors.  |
| Nursing PCA Orders Vital signs - T/P/R/BP                             | Douting Dar unit protocol   |
| [] Vital Signs - I/P/R/DP   | Routine, Per unit protocol  |
|   | - Initially and every 30 minutes for 1 hour after PCA started, bolus  |
|   | administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus          |
|   | administered or dose change; then   |
|   | - Every 4 hours until PCA therapy is discontinued.  |
|   | - Immediately following PCA administration tubing change  |
| PCA Documentation   |   |
| [] PCA Documentation  | Routine, Every 12 hours<br>At the beginning (or end of each shift), prior to clearing PCA pump data,        |
|   | the following must be documented: doses delivered, number of attempts                                       |
|   | total amount of medication infused (in mg or mcg), and volume   |
|   | remaining in syringe (residual volume).   |
| [] Patient education Pain pump  | Routine, Once, Starting S For 1 Occurrences   |
| [] I alient education I am pump                                       | Patient/Family:   |
|   | Education for: Pain pump  |
|   | Provide patient education on appropriate use of PCA including no PCA  |
|   | by proxy. Only the patient may press the dosing button.   |
| [] Pasero Opioid-induced Sedation Scale                               | Routine, Every 6 hours, Starting S  |
| [1]   | Assess POSS while patient has an active PCA order. Contact provider if                                      |
|   | score 3 or 4.   |
| [] Notify Physician   | Routine, Until discontinued, Starting S, - PCA pump infusion  |
| ,   | discontinued for any reason   |
|   | - Inadequate analgesia  |
|   | - Prior to administration of any other narcotics, antiemetics, or   |
|   | sedatives other than those ordered by the prescriber responsible for IV                                     |
|   | PCA therapy   |
|   | <ul> <li>PCA pump discontinued by any service other than the prescribe</li> </ul>                           |
|   | responsible for IV PCA therapy  |
| [] Stop the PCA pump and call ordering                                | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute                                   |
| physician and/or CERT team for any of the                             | or less   |
| following:  | <ul> <li>Severe and/or recent confusion or disorientation</li> </ul>  |
|   | <ul> <li>POSS sedation level 4: Somnolent and difficult to arouse</li> </ul>                                |
|   | - Sustained hypotension (SBP less than 90)  |
|   | - Excessive nausea or vomiting  |
|   | - Urinary retention   |
| ] IV Fluids for provision of PCA Therapy (Single Response)            |   |
| () sodium chloride 0.9 % infusion                                     | 30 mL/hr, intravenous, continuous   |
| () dextrose 5% infusion   | 30 mL/hr, intravenous, continuous   |
| hydromorPHONE PCA (DILAUDID) 30 mg/30 mL +                            |   |
| Nursing PCA Orders  |   |
| Nulsing FCA Olders  |   |

• ,

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

| [] Vital signs - T/P/R/BP   | Routine, Per unit protocol  - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then  - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then  - Every 4 hours until PCA therapy is discontinued.  - Immediately following PCA administration tubing change                  |
|---|---|
| [] PCA Documentation  | Routine, Every 12 hours  At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume).   |
| [] Patient education Pain pump  | Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button.   |
| [] Pasero Opioid-induced Sedation Scale   | Routine, Every 6 hours, Starting S<br>Assess POSS while patient has an active PCA order. Contact provider if<br>score 3 or 4.   |
| [] Notify Physician   | Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy |
| [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less  - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention  |
| [] IV Fluids for provision of PCA Therapy (Single Response)                                 |   |
| () sodium chloride 0.9 % infusion () dextrose 5% infusion                                   | 30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous   |
| Mild Pain (Pain Score 1-3) or Fever   |   |
| [] acetaminophen (TYLENOL) tablet   | 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever, Post-op Contact physician for fever GREATER than 101 F   |
| Oral for Moderate Pain (Pain Score 4-6) (Single Re  | esponse)  |
| () HYDROcodone-acetaminophen (NORCO) 5-325 tablet   | mg per  1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication Allowance for Patient Preference:   |
| () HYDROcodone-acetaminophen (NORCO) 7.5-32 per tablet                                      |   |
| () traMADol (ULTRAM) tablet   | 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6),<br>Post-op<br>Give if patient is able to tolerate oral medication<br>Allowance for Patient Preference:   |
| () oxyCODONE-acetaminophen (PERCOCET) 5-32 per tablet                                       | 25 mg 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication Allowance for Patient Preference:   |

| ( ) morPHINE injection  | 1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op   |
|---|--|
|   | Give if patient cannot tolerate oral medications or a faster   |
|   | onset of action is required.   |
|   | Allowance for Patient Preference:  |
| Oral for Severe Pain (Pain Score 7-10) (Single Resp   | ponse)   |
| ( ) HYDROcodone-acetaminophen (NORCO 10-32 10-325 mg per tablet   | 1 tablet, oral, every 4 hours PRN, severe pain (score 7-10),<br>Post-op  |
| 10-325 mg per tablet  | Give if patient is able to tolerate oral medication  |
|   | Allowance for Patient Preference:  |
| ) traMADol (ULTRAM) tablet  | 100 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op   |
|   | Give if patient is able to tolerate oral medication  |
| \ avvCODana acataminanhan (DEDCOCET) 10 225   | Allowance for Patient Preference:  |
| <ul><li>) oxyCODone-acetaminophen (PERCOCET) 10-325<br/>per tablet</li></ul>  | 5 mg 1 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op  |
|   | Give if patient is able to tolerate oral medication Allowance for Patient Preference:  |
|   | Allowance for Patient Preference:  |
| V for Severe Pain (Pain Score 7-10) (Single Respor  | nse)   |
| If you select a PCA option you will not be allowed to   | also order IV PRN pain medications from this section.  |
| ) morPHINE injection  | 2 mg, intravenous, every 4 hours PRN, severe pain (score   |
| •   | 7-10), Post-op   |
|   | Give if patient cannot tolerate oral medications or a faster   |
|   |  |
|   | onset of action is required. Allowance for Patient Preference:   |
| tching: For Patients GDEATED than 77 years old (  | onset of action is required. Allowance for Patient Preference:   |
| <u> </u>  | onset of action is required. Allowance for Patient Preference: Single Response)  |
| ) cetirizine (ZyrTEC) tablet  | onset of action is required. Allowance for Patient Preference:  Single Response)  5 mg, oral, daily PRN, itching, Post-op  |
| cetirizine (ZyrTEC) tablet tching: For Patients between 70-76 years old (Sing   | onset of action is required. Allowance for Patient Preference:  Single Response)  5 mg, oral, daily PRN, itching, Post-op  gle Response)   |
| ) cetirizine (ZyrTEC) tablet tching: For Patients between 70-76 years old (Sing   | onset of action is required. Allowance for Patient Preference:  Single Response)  5 mg, oral, daily PRN, itching, Post-op  |
| ) cetirizine (ZyrTEC) tablet tching: For Patients between 70-76 years old (Sing ) cetirizine (ZyrTEC) tablet  | onset of action is required. Allowance for Patient Preference:  Single Response)  5 mg, oral, daily PRN, itching, Post-op  gle Response)  5 mg, oral, daily PRN, itching, Post-op  |
| ) cetirizine (ZyrTEC) tablet tching: For Patients between 70-76 years old (Sing ) cetirizine (ZyrTEC) tablet  | onset of action is required. Allowance for Patient Preference:  Single Response)  5 mg, oral, daily PRN, itching, Post-op  gle Response)  5 mg, oral, daily PRN, itching, Post-op  |
| ) cetirizine (ZyrTEC) tablet tching: For Patients between 70-76 years old (Sing ) cetirizine (ZyrTEC) tablet tching: For Patients LESS than 70 years old (Single  | onset of action is required. Allowance for Patient Preference:  Single Response)  5 mg, oral, daily PRN, itching, Post-op  gle Response)  5 mg, oral, daily PRN, itching, Post-op  e Response)   |
| ) cetirizine (ZyrTEC) tablet  tching: For Patients between 70-76 years old (Single) cetirizine (ZyrTEC) tablet  tching: For Patients LESS than 70 years old (Single) diphenhydrAMINE (BENADRYL) tablet ) hydrOXYzine (ATARAX) tablet ) cetirizine (ZyrTEC) tablet   | onset of action is required. Allowance for Patient Preference:  Single Response)  5 mg, oral, daily PRN, itching, Post-op  gle Response)  5 mg, oral, daily PRN, itching, Post-op  e Response)  25 mg, oral, every 6 hours PRN, itching, Post-op  10 mg, oral, every 6 hours PRN, itching, Post-op  5 mg, oral, daily PRN, itching, Post-op  |
| tching: For Patients between 70-76 years old (Sing cetirizine (ZyrTEC) tablet  tching: For Patients LESS than 70 years old (Single diphenhydrAMINE (BENADRYL) tablet  hydrOXYzine (ATARAX) tablet  cetirizine (ZyrTEC) tablet   | onset of action is required. Allowance for Patient Preference:  Single Response)  5 mg, oral, daily PRN, itching, Post-op  gle Response)  5 mg, oral, daily PRN, itching, Post-op  e Response)  25 mg, oral, every 6 hours PRN, itching, Post-op  10 mg, oral, every 6 hours PRN, itching, Post-op  5 mg, oral, daily PRN, itching, Post-op  5 mg, oral, daily PRN, itching, Post-op  than  60 mg, oral, 2 times daily PRN, itching, Post-op   |
| ) cetirizine (ZyrTEC) tablet  tching: For Patients between 70-76 years old (Single) ) cetirizine (ZyrTEC) tablet  tching: For Patients LESS than 70 years old (Single) ) diphenhydrAMINE (BENADRYL) tablet ) hydrOXYzine (ATARAX) tablet ) cetirizine (ZyrTEC) tablet ) fexofenadine (ALLEGRA) tablet - For eGFR LESS 80 mL/min, reduce frequency to once daily as need   | onset of action is required. Allowance for Patient Preference:  Single Response)  5 mg, oral, daily PRN, itching, Post-op  gle Response)  5 mg, oral, daily PRN, itching, Post-op  e Response)  25 mg, oral, every 6 hours PRN, itching, Post-op  10 mg, oral, every 6 hours PRN, itching, Post-op  5 mg, oral, daily PRN, itching, Post-op  5 mg, oral, daily PRN, itching, Post-op  than  60 mg, oral, 2 times daily PRN, itching, Post-op   |
| tching: For Patients between 70-76 years old (Sing cetirizine (ZyrTEC) tablet  tching: For Patients LESS than 70 years old (Single) diphenhydrAMINE (BENADRYL) tablet hydrOXYzine (ATARAX) tablet cetirizine (ZyrTEC) tablet fexofenadine (ALLEGRA) tablet - For eGFR LESS 80 mL/min, reduce frequency to once daily as need  | onset of action is required. Allowance for Patient Preference:  Single Response)  5 mg, oral, daily PRN, itching, Post-op  gle Response)  5 mg, oral, daily PRN, itching, Post-op  e Response)  25 mg, oral, every 6 hours PRN, itching, Post-op  10 mg, oral, every 6 hours PRN, itching, Post-op  5 mg, oral, daily PRN, itching, Post-op  5 mg, oral, daily PRN, itching, Post-op  than 60 mg, oral, 2 times daily PRN, itching, Post-op  ded   |
| () cetirizine (ZyrTEC) tablet  Itching: For Patients between 70-76 years old (Sing () cetirizine (ZyrTEC) tablet  Itching: For Patients LESS than 70 years old (Single () diphenhydrAMINE (BENADRYL) tablet () hydrOXYzine (ATARAX) tablet () cetirizine (ZyrTEC) tablet () fexofenadine (ALLEGRA) tablet - For eGFR LESS 80 mL/min, reduce frequency to once daily as need   | onset of action is required. Allowance for Patient Preference:  Single Response)  5 mg, oral, daily PRN, itching, Post-op  gle Response)  5 mg, oral, daily PRN, itching, Post-op  e Response)  25 mg, oral, every 6 hours PRN, itching, Post-op  10 mg, oral, every 6 hours PRN, itching, Post-op  5 mg, oral, daily PRN, itching, Post-op  than 60 mg, oral, 2 times daily PRN, itching, Post-op  ded  10 mg, oral, 2 times daily, Post-op  100 mg, oral, 2 times daily, Post-op   |
| tching: For Patients between 70-76 years old (Singer) cetirizine (ZyrTEC) tablet  tching: For Patients LESS than 70 years old (Singler) diphenhydrAMINE (BENADRYL) tablet ) hydrOXYzine (ATARAX) tablet ) cetirizine (ZyrTEC) tablet ) fexofenadine (ALLEGRA) tablet - For eGFR LESS 80 mL/min, reduce frequency to once daily as need sowel Management ] bisacodyl (DULCOLAX) EC tablet  | onset of action is required. Allowance for Patient Preference:  Single Response)  5 mg, oral, daily PRN, itching, Post-op  gle Response)  5 mg, oral, daily PRN, itching, Post-op  e Response)  25 mg, oral, every 6 hours PRN, itching, Post-op  10 mg, oral, every 6 hours PRN, itching, Post-op  5 mg, oral, daily PRN, itching, Post-op  5 mg, oral, daily PRN, itching, Post-op  than 60 mg, oral, 2 times daily PRN, itching, Post-op  ded   |
| tching: For Patients between 70-76 years old (Sing cetirizine (ZyrTEC) tablet  tching: For Patients LESS than 70 years old (Single)  diphenhydrAMINE (BENADRYL) tablet  hydrOXYzine (ATARAX) tablet  cetirizine (ZyrTEC) tablet  fexofenadine (ALLEGRA) tablet - For eGFR LESS 80 mL/min, reduce frequency to once daily as need sowel Management  bisacodyl (DULCOLAX) EC tablet  docusate sodium (COLACE) capsule   | onset of action is required. Allowance for Patient Preference:  Single Response)  5 mg, oral, daily PRN, itching, Post-op  gle Response)  5 mg, oral, daily PRN, itching, Post-op  e Response)  25 mg, oral, every 6 hours PRN, itching, Post-op  10 mg, oral, every 6 hours PRN, itching, Post-op  5 mg, oral, daily PRN, itching, Post-op  than 60 mg, oral, 2 times daily PRN, itching, Post-op  ded  10 mg, oral, 2 times daily, Post-op  100 mg, oral, 2 times daily, Post-op  Hold for loose stool   |
| tching: For Patients between 70-76 years old (Sing cetirizine (ZyrTEC) tablet  tching: For Patients LESS than 70 years old (Single)  diphenhydrAMINE (BENADRYL) tablet  hydrOXYzine (ATARAX) tablet  cetirizine (ZyrTEC) tablet  fexofenadine (ALLEGRA) tablet - For eGFR LESS 80 mL/min, reduce frequency to once daily as need and bisacodyl (DULCOLAX) EC tablet  bisacodyl (DULCOLAX) EC tablet  docusate sodium (COLACE) capsule  Antiemetics - HMH, HMSJ, HMW, HMSTC, HMTW O  | onset of action is required. Allowance for Patient Preference:  Single Response)  5 mg, oral, daily PRN, itching, Post-op  gle Response)  5 mg, oral, daily PRN, itching, Post-op  e Response)  25 mg, oral, every 6 hours PRN, itching, Post-op  10 mg, oral, every 6 hours PRN, itching, Post-op  5 mg, oral, daily PRN, itching, Post-op  5 mg, oral, daily PRN, itching, Post-op  than 60 mg, oral, 2 times daily PRN, itching, Post-op  100 mg, oral, 2 times daily, Post-op  Hold for loose stool  nly  uired)  "Or" Linked Panel  |
| tching: For Patients between 70-76 years old (Sing ()) cetirizine (ZyrTEC) tablet  tching: For Patients LESS than 70 years old (Single) () diphenhydrAMINE (BENADRYL) tablet () hydrOXYzine (ATARAX) tablet () cetirizine (ZyrTEC) tablet () fexofenadine (ALLEGRA) tablet - For eGFR LESS 80 mL/min, reduce frequency to once daily as need Bowel Management () bisacodyl (DULCOLAX) EC tablet () docusate sodium (COLACE) capsule  Antiemetics - HMH, HMSJ, HMW, HMSTC, HMTW O (X) ondansetron (ZOFRAN) IV or Oral (Selection Requency) and ansetron ODT (ZOFRAN-ODT) | onset of action is required. Allowance for Patient Preference:  Single Response)  5 mg, oral, daily PRN, itching, Post-op  gle Response)  5 mg, oral, daily PRN, itching, Post-op  e Response)  25 mg, oral, every 6 hours PRN, itching, Post-op  10 mg, oral, every 6 hours PRN, itching, Post-op  5 mg, oral, daily PRN, itching, Post-op  5 mg, oral, daily PRN, itching, Post-op  than 60 mg, oral, 2 times daily PRN, itching, Post-op  10 mg, oral, 2 times daily, Post-op  Hold for loose stool  nly  uired)  "Or" Linked Panel  4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op |
| ( ) hydrOXYzine (ATARAX) tablet ( ) cetirizine (ZyrTEC) tablet ( ) fexofenadine (ALLEGRA) tablet - For eGFR LESS 80 mL/min, reduce frequency to once daily as need  Bowel Management [ ] bisacodyl (DULCOLAX) EC tablet [ ] docusate sodium (COLACE) capsule  Antiemetics - HMH, HMSJ, HMW, HMSTC, HMTW O [X] ondansetron (ZOFRAN) IV or Oral (Selection Requipment [X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet  | onset of action is required. Allowance for Patient Preference:  Single Response)  5 mg, oral, daily PRN, itching, Post-op  gle Response)  5 mg, oral, daily PRN, itching, Post-op  e Response)  25 mg, oral, every 6 hours PRN, itching, Post-op  10 mg, oral, every 6 hours PRN, itching, Post-op  5 mg, oral, daily PRN, itching, Post-op  5 mg, oral, daily PRN, itching, Post-op  than 60 mg, oral, 2 times daily PRN, itching, Post-op  100 mg, oral, 2 times daily, Post-op  Hold for loose stool  nly  uired)  "Or" Linked Panel  |

| [X] promethazine (PHENERGAN) 12.5 mg IV                                | 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required                    |
|--|--|
| [X] 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.   |
| [X] 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.   |
| ntiemetics - HMSL, HMWB Only   |  |
| K] ondansetron (ZOFRAN) IV or Oral (Selection Requirement)             | •  |
| [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                        | l "Or" Linked Panel  |
| [X] 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.  |
| [X] 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.   |
| [X] 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.   |
| antiemetics - HMSTJ Only   |  |
| ( ondansetron (ZOFRAN) IV or Oral (Selection Req                       |  |
| [X] ondansetron ODT (ZOFRAN-ODT)<br>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.  |
| K] promethazine (PHENERGAN) IVPB or Oral or Re                         | ectal "Or" Linked Panel  |
| [X] 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, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to   |
| [X] promethazine (PHENERGAN) tablet                                    | tolerate oral or rectal medication OR if a faster onset of action is required.  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. |
| [X] 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.   |

### Insomnia: For Patients GREATER than 70 years old (Single Response)

() ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep, Post-op

## Insomnia: For Patients LESS than 70 years old (Single Response)

| ( ) zolpidem (AMBIEN) tablet  | 5 mg, oral, nightly PRN, sleep, Post-op |
|-------------------------------|---|
| () ramelteon (ROZEREM) tablet | 8 mg, oral, nightly PRN, sleep, Post-op |

## VTE

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

Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

| Anticoagulation Guide for COVID patients   | URL:  |
|--|---|
| <del></del>  | "https://formweb.com/files/houstonmethodist/documents/C         |
|  | OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"           |
| () Patient currently has an active order for therapeu  | tic   |
| anticoagulant or VTE prophylaxis with Risk Stratil   |   |
| (Single Response) (Selection Required)   |   |
| () Moderate Risk - Patient currently has an active   | e order for   |
| therapeutic anticoagulant or VTE prophylaxis (   | Selection   |
| Required)  |   |
| [] Moderate risk of VTE  | Routine, Once, PACU & Post-op                                   |
| [] Patient currently has an active order for   | Routine, Once   |
| therapeutic anticoagulant or VTE   | No pharmacologic VTE prophylaxis because: patient is already on |
| prophylaxis  | therapeutic anticoagulation for other indication.               |
|  | Therapy for the following:                                      |
| 11. Ph   | PACU & Post-op  |
| [] Place sequential compression device (Single   |   |
| () Contraindications exist for mechanical  | Routine, Once   |
| prophylaxis  | No mechanical VTE prophylaxis due to the following              |
|  | contraindication(s): PACU & Post-op                             |
| ( ) Place/Maintain sequential compression  | Routine, Continuous, PACU & Post-op                             |
| device continuous  | Routine, Continuous, i ACO & i Ost-op                           |
| () Moderate Risk - Patient currently has an active   | e order for   |
| therapeutic anticoagulant or VTE prophylaxis (   |   |
| Required)  |   |
| [] Moderate risk of VTE  | Routine, Once, PACU & Post-op                                   |
| Patient currently has an active order for  | Routine, Once   |
| therapeutic anticoagulant or VTE   | No pharmacologic VTE prophylaxis because: patient is already on |
| prophylaxis  | therapeutic anticoagulation for other indication.               |
|  | Therapy for the following:                                      |
|  | PACU & Post-op  |
| [] Place sequential compression device (Single   |   |
| () Contraindications exist for mechanical  | Routine, Once   |
| prophylaxis  | No mechanical VTE prophylaxis due to the following              |
|  | contraindication(s):  |
| ( ) Diago/Maintain agguential compression  | PACU & Post-op  |
| <ul> <li>() Place/Maintain sequential compression device continuous</li> </ul>   | Routine, Continuous, PACU & Post-op                             |
| 7  | er for  |
| <ul> <li>High Risk - Patient currently has an active order<br/>therapeutic anticoagulant or VTE prophylaxis (</li> </ul> |   |
| Required)  | 0010011011  |
| [] High risk of VTE  | Routine, Once, PACU & Post-op                                   |
| []g  |   |

| [] Patient currently has an active order for  | Routine, Once  |
|---|--|
| therapeutic anticoagulant or VTE  | No pharmacologic VTE prophylaxis because: patient is already on                        |
| prophylaxis   | therapeutic anticoagulation for other indication.                                      |
|   | Therapy for the following:   |
|   | PACU & Post-op   |
| [] Place sequential compression device (Single  | · · · · · · · · · · · · · · · · · · ·  |
| () Contraindications exist for mechanical   | Routine, Once  |
| prophylaxis   | No mechanical VTE prophylaxis due to the following                                     |
| F. 24. 17. 18. 11.  | contraindication(s):   |
|   | PACU & Post-op   |
| ( ) Place/Maintain sequential compression device continuous   | Routine, Continuous, PACU & Post-op  |
| ) High Risk - Patient currently has an active order   | er for   |
| therapeutic anticoagulant or VTE prophylaxis (  |  |
| Required)   | Ocionon  |
| [] High risk of VTE   | Routine, Once, PACU & Post-op  |
|   | Routine, Once  |
| [] Patient currently has an active order for  | · · · · · · · · · · · · · · · · · · ·  |
| therapeutic anticoagulant or VTE  | No pharmacologic VTE prophylaxis because: patient is already on                        |
| prophylaxis   | therapeutic anticoagulation for other indication.                                      |
|   | Therapy for the following:   |
|   | PACU & Post-op   |
| [] Place sequential compression device (Single  |  |
| () Contraindications exist for mechanical   | Routine, Once  |
| prophylaxis   | No mechanical VTE prophylaxis due to the following                                     |
|   | contraindication(s):   |
|   | PACU & Post-op   |
| () Place/Maintain sequential compression  | Routine, Continuous, PACU & Post-op  |
| device continuous   |  |
| LOW Risk of VTE (Selection Required)  |  |
| Low Risk (Single Response) (Selection Require   | ed)  |
| ( ) Low risk of VTE   | Routine, Once  |
| () LOW HISK OF VIL  | Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourge                 |
|   | early ambulation   |
|   | PACU & Post-op   |
| MODERATE Dick of V/TE Surgical (Salaction De  | · · · · · · · · · · · · · · · · · · ·  |
| MODERATE Risk of VTE - Surgical (Selection Re Moderate Risk (Selection Required)                                  | equileu)   |
| · · · · · · · · · · · · · · · · · · ·   | Davidina Once DACII 9 David on   |
| Moderate risk of VTE  | Routine, Once, PACU & Post-op  |
| <ul> <li>Moderate Risk Pharmacological Prophylaxis -<br/>Patient (Single Response) (Selection Required</li> </ul> |  |
| ( ) Contraindications exist for pharmacologic pro   |  |
| BUT order Sequential compression device   | priylaxis And Linked Fanel   |
| Contraindications exist for pharmacologic   | Routine, Once  |
|   |  |
| prophylaxis   | No pharmacologic VTE prophylaxis due to the following                                  |
|   | contraindication(s):   |
|   | PACU & Post-op   |
| [] Place/Maintain sequential compression device continuous  | Routine, Continuous, PACU & Post-op  |
| Contraindications exist for pharmacologic pro<br>AND mechanical prophylaxis                                       | phylaxis "And" Linked Panel  |
| [] Contraindications exist for pharmacologic  | Routine, Once  |
| prophylaxis   | No pharmacologic VTE prophylaxis due to the following                                  |
| ριοριιγιαλίο  | contraindication(s):   |
|   | ` '  |
|   | PACU & Post-op   |
|   | Routine, Once  |
| [] Contraindications exist for mechanical   |  |
| [] Contraindications exist for mechanical prophylaxis   | No mechanical VTE prophylaxis due to the following                                     |
| <b>-</b> -  | No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

AND mechanical prophylaxis

| [] Contraindications exist for pharmacologic prophylaxis   | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op  |
|--|--|
| [] Contraindications exist for mechanical prophylaxis  | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op   |
| ) enoxaparin (LOVENOX) injection (Single Res<br>(Selection Required)<br>Patient renal status: @CRCL@   | ponse)   |
| For patients with CrCl GREATER than or EQU<br>doses by weight:<br>Weight Dose<br>LESS THAN 100kg enoxaparin 40mg daily<br>100 to 139kg enoxaparin 30mg every 12 hour<br>GREATER THAN or EQUAL to 140kg enoxap  |  |
| () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700   | (LOVENOX)  |
| [] enoxaparin (LOVENOX) injection  | 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):  |
| () For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous  | nL/min -   |
| [] enoxaparin (LOVENOX) subcutaneous   | subcutaneous, PACU & Post-op Indication(s):  |
| ) fondaparinux (ARIXTRA) injection   | 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| heparin (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 Chronic use of NSAIDs/steroids Active GI ulcer | and/or transfusion   |
| () High bleed risk   | 5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency:   |
| () Not high bleed risk (Single Response) () Wt > 100 kg  | 7,500 Units, subcutaneous, every 8 hours   |
| () Wt LESS than or equal to 100 kg   | 5,000 Units, subcutaneous, every 8 hours   |
| ) warfarin (COUMADIN) (Single Response) ( ) WITHOUT pharmacy consult   | oral, daily at 1700<br>Indication:   |
| ( ) WITH pharmacy consult  |  |
| [] Pharmacy consult to manage warfarin<br>(COUMADIN)<br>d on 1/4/2024 at 11:45 AM from Production  | STAT, Until discontinued, Starting S Indication:   |
| J OH 1/4/2024 at 11.45 AW HOM Production   | Page 19 of   |

|   | oral, daily at 1700  |
|---|--|
| Mechanical Prophylaxis (Single Response) (S   | Indication: Selection  |
| Required)   |  |
| () Contraindications exist for mechanical prophylaxis   | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op   |
| ( ) Place/Maintain sequential compression device continuous   | Routine, Continuous, PACU & Post-op  |
| HIGH Risk of VTE - Surgical (Selection Required   | d)   |
| [ ] High Risk (Selection Required)  |  |
| [] High Rick Phormacological Prophyloxic Sur  | Routine, Once, PACU & Post-op  |
| [] High Risk Pharmacological Prophylaxis - Surg<br>(Single Response) (Selection Required)   |  |
| () Contraindications exist for pharmacologic prophylaxis  | Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):  PACU & Post-op  |
| () enoxaparin (LOVENOX) injection (Single Re (Selection Required)   | esponse)   |
| Patient renal status: @CRCL@  |  |
| For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou  | QUAL to 30mL/min, enoxaparin orders will apply the following recommended   |
| GREATER THAN or EQUAL to 140kg enoxa  |  |
| GREATER THAN or EQUAL to 140kg enoxa  () For CrCl LESS than 30mL/min - enoxaparin   | aparin 40mg every 12 hours   |
| GREATER THAN or EQUAL to 140kg enoxa  | aparin 40mg every 12 hours   |
| () For CrCl LESS than 30mL/min - enoxaparing subcutaneous Daily at 1700   | aparin 40mg every 12 hours  n (LOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & 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 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection   | aparin 40mg every 12 hours  n (LOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & 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 enoxaparin (LOVENOX) subcutaneous   | aparin 40mg every 12 hours  n (LOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):  mL/min -  subcutaneous, Starting S+1, PACU & Post-op   |
| () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  | aparin 40mg every 12 hours  In (LOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):  Intermediate |
| () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  | aparin 40mg every 12 hours  In (LOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):  Intermediate |
| () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.   | aparin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):  mL/min -  subcutaneous, Starting S+1, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.  This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op  5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op  Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op   |
| () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () heparin (porcine) injection - For Patients | aparin 40mg every 12 hours  In (LOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):  Intumin -  subcutaneous, Starting S+1, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.  This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op  5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op  Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU &   |

| <ul> <li>() Contraindications exist for mechanical prophylaxis</li> </ul>   | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):  |
|---|--|
| ( ) Place/Maintain sequential compression   | PACU & Post-op Routine, Continuous, PACU & Post-op   |
| device continuous   | <u> </u>   |
| ( ) HIGH Risk of VTE - Non-Surgical (Selection Requ   | uired)   |
| [] High Risk (Selection Required)   | Doubing Once DACIL 9 Doct on   |
| <ul><li>[] High risk of VTE</li><li>[] High Risk Pharmacological Prophylaxis - Non-S</li></ul>                    | Routine, Once, PACU & Post-op  |
| 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)  | ·  |
| Patient renal status: @CRCL@  |  |
| For patients with CrCl GREATER than or EQU  | 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 hour                                  | c  |
| GREATER THAN or EQUAL to 140kg enoxap   |  |
|   |  |
| () F 0 0H 500 H 00 H ( )  | (I O) (ENOV)   |
| <ul><li>() For CrCl LESS than 30mL/min - enoxaparin<br/>subcutaneous Daily at 1700</li></ul>                      | (LOVENOX)  |
| [] enoxaparin (LOVENOX) injection   | 30 mg, subcutaneous, daily at 1700, PACU & Post-op   |
|   | Indication(s):   |
| () For CrCl GREATER than or EQUAL TO 30 r   | nL/min -   |
| enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  | subcutaneous, PACU & Post-op   |
|   | Indication(s):   |
| () fondaparinux (ARIXTRA) injection   | 2.5 mg, subcutaneous, daily, PACU & Post-op  |
|   | If the patient does not have a history of or suspected case of   |
|   | Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive |
|   | procedure, or CrCl LESS than 30 mL/min.  |
|   | This patient has a history of or suspected case of Heparin-Induced   |
|   | Thrombocytopenia (HIT):  |
| () heparin (porcine) injection  | 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op   |
| <ul> <li>() heparin (porcine) injection (Recommended<br/>for patients with high risk of bleeding, e.g.</li> </ul> | 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)  | than 50kg and age GREATER than 75yrs.  |
| () heparin (porcine) injection - For Patients   | 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op   |
| with weight GREATER than 100 kg   | For patients with weight GREATER than 100 kg.  |
| () warfarin (COUMADIN) tablet   | oral, daily at 1700, PACU & Post-op<br>Indication:   |
| () Pharmacy consult to manage warfarin  | STAT, Until discontinued, Starting S   |
| (COUMADIN)  | Indication:  |
| [] Mechanical Prophylaxis (Single Response) (Se   | lection  |
| Required)   |  |
| () Contraindications exist for mechanical prophylaxis   | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):  |
| ριοριιγιαλίο  | PACU & Post-op   |
| () Place/Maintain sequential compression  | Routine, Continuous, PACU & Post-op  |
| device continuous   |  |
| ( ) HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required)   | n  |
| Required) [] High Risk (Selection Required)   |  |
| [] High risk of VTE   | Routine, Once, PACU & Post-op  |
| -   | ·  |

| [] High Risk Pharmacological Prophylaxis - Hip of<br>(Arthroplasty) Surgical Patient (Single Respons<br>(Selection Required)  |  |
|---|--|
| Contraindications exist for pharmacologic prophylaxis   | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op  |
| ( ) aspirin chewable tablet   | 162 mg, oral, daily, Starting S+1, PACU & Post-op  |
| ( ) aspirin (ECOTRIN) enteric coated tablet   | 162 mg, oral, daily, Starting S+1, PACU & Post-op  |
| () Apixaban and Pharmacy Consult (Selection R   | equired)   |
| [] apixaban (ELIQUIS) tablet  | 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis   |
| [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy   | STAT, Until discontinued, Starting S<br>Indications: VTE prophylaxis   |
| ( ) enoxaparin (LOVENOX) injection (Single Res (Selection Required)   | ponse)   |
| Patient renal status: @CRCL@  |  |
| For patients with CrCl GREATER than or EQU<br>doses by weight:<br>Weight Dose<br>LESS THAN 100kg enoxaparin 40mg daily<br>100 to 139kg enoxaparin 30mg every 12 hour<br>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, PACU & Post-op Indication(s):  |
| <ul><li>() For CrCl GREATER than or EQUAL TO 30 r<br/>enoxaparin (LOVENOX) subcutaneous</li></ul>   | nL/min -   |
| [] enoxaparin (LOVENOX) injection   | subcutaneous, Starting S+1, PACU & Post-op Indication(s):  |
| () fondaparinux (ARIXTRA) injection   | 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| () heparin (porcine) injection  | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op   |
| ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)   | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.  |
| ( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg  | 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op   |
| (A) = .   | 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), PACU & Post-op Indications: VTE prophylaxis  |
| [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy  | STAT, Until discontinued, Starting S Indications: VTE prophylaxis  |
| () warfarin (COUMADIN) tablet   | oral, daily at 1700, Starting S+1, PACU & Post-op Indication:  |
| ( ) Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |

| Mechanical Prophylaxis (Single Response) (Selection Required) |  |
|---|--|
| ( ) Contraindications exist for mechanical prophylaxis        | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous   | Routine, Continuous, PACU & Post-op  |

#### VTE Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

| Anticoagulation Guide for COVID patients  | URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"  |
|---|---|
| Patient currently has an active order for theraper anticoagulant or VTE prophylaxis with Risk Strates (Single Response) (Selection Required)     Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) | re order for  |
| Moderate risk of VTE  | Routine, Once, PACU & Post-op   |
| Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op |
| [] Place sequential compression device (Single  | e Response)   |
| () Contraindications exist for mechanical prophylaxis   | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op  |
| ( ) Place/Maintain sequential compression device continuous   | Routine, Continuous, PACU & Post-op   |
| () Moderate Risk - Patient currently has an activ<br>therapeutic anticoagulant or VTE prophylaxis<br>Required)  |   |
| [] Moderate risk of VTE   | Routine, Once, PACU & Post-op   |
| [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis   | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op |

Place sequential compression device (Single Response)

| () Contraindications exist for mechanical prophylaxis   | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op  |
|---|---|
| ( ) Place/Maintain sequential compression device continuous   | Routine, Continuous, PACU & Post-op   |
| () High Risk - Patient currently has an active orde therapeutic anticoagulant or VTE prophylaxis (\$Required)     |   |
| [] High risk of VTE   | Routine, Once, PACU & Post-op   |
| Patient currently has an active order for   | Routine, Once   |
| therapeutic anticoagulant or VTE prophylaxis  | No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following: |
|   | PACU & Post-op  |
| [] Place sequential compression device (Single  | · · · · · · · · · · · · · · · · · · ·   |
| () Contraindications exist for mechanical   | Routine, Once   |
| prophylaxis   | No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op  |
| () Place/Maintain sequential compression device continuous  | Routine, Continuous, PACU & Post-op   |
| () High Risk - Patient currently has an active orde therapeutic anticoagulant or VTE prophylaxis (\$ Required)    |   |
| [] High risk of VTE   | Routine, Once, PACU & Post-op   |
| [] Patient currently has an active order for  | Routine, Once   |
| therapeutic anticoagulant or VTE prophylaxis  | No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following: |
|   | PACU & Post-op  |
| [] Place sequential compression device (Single  | <u> </u>  |
| () Contraindications exist for mechanical prophylaxis   | Routine, Once  No mechanical VTE prophylaxis due to the following contraindication(s):  PACU & Post-op  |
| ( ) Place/Maintain sequential compression device continuous   | Routine, Continuous, PACU & Post-op   |
| ) LOW Risk of VTE (Selection Required)  |   |
| [] Low Risk (Single Response) (Selection Require  | ed)   |
| () 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 Re   | <u> </u>  |
| [] Moderate Risk (Selection Required)   |   |
| Moderate risk of VTE  | Routine, Once, PACU & Post-op   |
| [] Moderate Risk Pharmacological Prophylaxis - S<br>Patient (Single Response) (Selection Required)                |   |
| <ul> <li>() Contraindications exist for pharmacologic prop<br/>BUT order Sequential compression device</li> </ul> | phylaxis "And" Linked Panel   |
| [] Contraindications exist for pharmacologic prophylaxis  | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op                                       |
| [] Place/Maintain sequential compression device continuous  | Routine, Continuous, PACU & Post-op   |
| () Contraindications exist for pharmacologic prop<br>AND mechanical prophylaxis                                   | phylaxis "And" Linked Panel   |

| []  | Contraindications exist for pharmacologic prophylaxis   | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op  |
|-----|---|--|
| []  | Contraindications exist for mechanical prophylaxis  | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op   |
|     | enoxaparin (LOVENOX) injection (Single Response (Selection Required)  | onse)  |
|     | Patient renal status: @CRCL@  |  |
|     | For patients with CrCl GREATER than or EQUA<br>doses by weight:<br>Weight Dose<br>LESS THAN 100kg enoxaparin 40mg daily<br>100 to 139kg enoxaparin 30mg every 12 hours<br>GREATER THAN or EQUAL to 140kg enoxapar | L to 30mL/min, enoxaparin orders will apply the following recommenders will apply the following recommenders will apply the following recommenders will apply the following recommenders.  |
| ()  | For CrCl LESS than 30mL/min - enoxaparin (L subcutaneous Daily at 1700  | ,  |
| [   | , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-on Indication(s):  |
| ()  | For CrCl GREATER than or EQUAL TO 30 mL enoxaparin (LOVENOX) subcutaneous   |  |
| [   |   | subcutaneous, Starting S+1, PACU & Post-op Indication(s):  |
| ( ) | fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicati Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.  This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| ()  | heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU 8 Post-op   |
| ` , | heparin (porcine) injection (Recommended<br>for patients with high risk of bleeding, e.g.<br>weight < 50kg and age > 75yrs)   | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU Post-op Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.   |
|     | heparin (porcine) injection - For Patients<br>with weight GREATER than 100 kg   | 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.   |
| ()  | warfarin (COUMADIN) tablet  | oral, daily at 1700, Starting S+1, PACU & Post-op Indication:  |
|     | Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |
| R   | Mechanical Prophylaxis (Single Response) (Sele Required)  |  |
|     | Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(<br>PACU & Post-op  |
|     | Place/Maintain sequential compression device continuous   | Routine, Continuous, PACU & Post-op  |
| Req | DERATE Risk of VTE - Non-Surgical (Selection quired)  |  |
|     | Moderate Risk (Selection Required)  | Pauting Once PACIL® Past on  |
|     | Moderate risk of VTE  Moderate Risk Pharmacological Prophylaxis -  Non-Surgical Patient (Single Response) (Selection  | Routine, Once, PACU & Post-op  |

| () Contraindications exist for pharmacologic prop<br>Order Sequential compression device  | hylaxis - "And" Linked Panel   |
|---|--|
| [] Contraindications exist for pharmacologic prophylaxis  | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op  |
| [] Place/Maintain sequential compression device continuous  | Routine, Continuous, PACU & Post-op  |
| <ul> <li>( ) Contraindications exist for pharmacologic prop<br/>AND mechanical prophylaxis</li> </ul>   | hylaxis "And" Linked Panel   |
| [] Contraindications exist for pharmacologic prophylaxis  | Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):  PACU & Post-op  |
| [] Contraindications exist for mechanical prophylaxis   | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op   |
| <ul><li>() enoxaparin (LOVENOX) injection (Single Resp<br/>(Selection Required)</li></ul>   | onse)  |
| Patient renal status: @CRCL@  |  |
| For patients with CrCl GREATER than or EQUI<br>doses by weight:<br>Weight Dose<br>LESS THAN 100kg enoxaparin 40mg daily<br>100 to 139kg enoxaparin 30mg every 12 hours<br>GREATER THAN or EQUAL to 140kg enoxapa  |  |
| () For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700   | LOVENOX)   |
| [] enoxaparin (LOVENOX) injection   | 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):  |
| <ul> <li>For CrCl GREATER than or EQUAL TO 30 m<br/>enoxaparin (LOVENOX) subcutaneous</li> </ul>  | L/min -  |
| [] enoxaparin (LOVENOX) injection   | subcutaneous, PACU & Post-op Indication(s):  |
| () fondaparinux (ARIXTRA) injection   | 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| () heparin (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 a Chronic use of NSAIDs/steroids Active GI ulcer | and/or transfusion   |

| () High bleed risk  | 5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency:  |
|---|---|
| () Not high bleed risk (Single Response)  | <u>'</u>  |
| () Wt > 100 kg  | 7,500 Units, subcutaneous, every 8 hours  |
| () Wt LESS than or equal to 100 kg  | 5,000 Units, subcutaneous, every 8 hours  |
| () warfarin (COUMADIN) (Single Response)  |   |
| () WITHOUT pharmacy consult   | oral, daily at 1700<br>Indication:  |
| () WITH pharmacy consult  |   |
| [] Pharmacy consult to manage warfarin (COUMADIN)   | STAT, Until discontinued, Starting S Indication:  |
| [] warfarin (COUMADIN) tablet   | oral, daily at 1700<br>Indication:  |
| [] Mechanical Prophylaxis (Single Response) (Sel Required)  |   |
| ( ) Contraindications exist for mechanical prophylaxis  | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op  |
| ( ) Place/Maintain sequential compression device continuous   | Routine, Continuous, PACU & Post-op   |
| ) HIGH Risk of VTE - Surgical (Selection Required)  |   |
| [] High Risk (Selection Required)   |   |
| [] High risk of VTE   | Routine, Once, PACU & Post-op   |
| <ul><li>[] High Risk Pharmacological Prophylaxis - Surgio<br/>(Single Response) (Selection Required)</li></ul>          | al Patient  |
| () Contraindications exist for pharmacologic prophylaxis  | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op   |
| () enoxaparin (LOVENOX) injection (Single Resp<br>(Selection Required)  |   |
| doses by weight:<br>Weight Dose<br>LESS THAN 100kg enoxaparin 40mg daily<br>100 to 139kg enoxaparin 30mg every 12 hours |   |
| GREATER THAN or EQUAL to 140kg enoxapa  | arin 40mg every 12 hours  |
| () For CrCl LESS than 30mL/min - enoxaparin ( subcutaneous Daily at 1700  | LOVENOX)  |
| [] enoxaparin (LOVENOX) injection   | 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):   |
| () For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous   | nL/min -  |
| [] enoxaparin (LOVENOX) injection   | subcutaneous, Starting S+1, PACU & Post-op Indication(s):   |
| () fondaparinux (ARIXTRA) injection   | 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| () heparin (porcine) injection  | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op  |
| () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.                               | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op   |
| weight < 50kg and age > 75yrs)  | Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.   |

| with weight GREATER than 100 kg   | 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op   |
|---|--|
| · ·   | For patients with weight GREATER than 100 kg.  |
| () warfarin (COUMADIN) tablet   | oral, daily at 1700, Starting S+1, PACU & Post-op Indication:  |
| () Pharmacy consult to manage warfarin (COUMADIN)   | STAT, Until discontinued, Starting S Indication:   |
| [] Mechanical Prophylaxis (Single Response) (S<br>Required)   | Selection  |
| () Contraindications exist for mechanical   | Routine, Once  |
| prophylaxis   | No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op   |
| () Place/Maintain sequential compression device continuous  | Routine, Continuous, PACU & Post-op  |
| ) HIGH Risk of VTE - Non-Surgical (Selection Red  | quired)  |
| [] High Risk (Selection Required)   |  |
| [] High risk of VTE   | Routine, Once, PACU & Post-op  |
| <ul><li>[] High Risk Pharmacological Prophylaxis - Non<br/>Patient (Single Response) (Selection Require</li></ul>   | d)   |
| () Contraindications exist for pharmacologic  | Routine, Once  |
| prophylaxis   | No pharmacologic VTE prophylaxis due to the following contraindication(s):   |
|   | PACU & Post-op   |
| () enoxaparin (LOVENOX) injection (Single Re (Selection Required)   |  |
| Patient renal status: @CRCL@  |  |
| . 4   |  |
| For patients with CrCl GREATER than or EC   | QUAL to 30mL/min, enoxaparin orders will apply the following recommended   |
| doses by weight:  |  |
| Weight Dose   |  |
| LESS THAN 100kg enoxaparin 40mg daily   |  |
| 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa  |  |
| GIVEATER THAN OF EQUAL TO 140kg effoxe  | spann 40mg every 12 hours  |
|   |  |
| <ul> <li>For CrCl LESS than 30mL/min - enoxaparis<br/>subcutaneous Daily at 1700</li> </ul>   | n (LOVENOX)  |
|   |  |
| [] enoxaparin (LOVENOX) injection   | 30 mg, subcutaneous, daily at 1700, PACU & Post-op   |
| () For CrCl GREATER than or EQUAL TO 30   | Indication(s):   |
| () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous   | Indication(s): mL/min -  |
| () For CrCl GREATER than or EQUAL TO 30   | Indication(s):   |
| () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous   | Indication(s): mL/min - subcutaneous, PACU & Post-op   |
| ( ) For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  | Indication(s):  mL/min -  subcutaneous, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of  |
| () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  | Indication(s):  mL/min -  subcutaneous, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.   |
| () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  | Indication(s):  mL/min -  subcutaneous, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive   |
| () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  | Indication(s):  mL/min -  subcutaneous, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.   |
| () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  | Indication(s):  mL/min -  subcutaneous, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced  |
| () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection   | Indication(s):  mL/min -  subcutaneous, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  |
| ( ) For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  ( ) fondaparinux (ARIXTRA) injection   | Indication(s):  mL/min -  subcutaneous, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op   |
| () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection () heparin (porcine) injection (Recommended   | Indication(s):  mL/min -  subcutaneous, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours, PACU & Post-op  5,000 Units, subcutaneous, every 12 hours, PACU & Post-op   |
| ( ) For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  ( ) fondaparinux (ARIXTRA) injection  ( ) heparin (porcine) injection ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.   | Indication(s):  mL/min -  subcutaneous, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours, PACU & Post-op  5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS   |
| () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  | Indication(s):  mL/min -  subcutaneous, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours, PACU & Post-op  5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.   |
| () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  | Indication(s):  mL/min -  subcutaneous, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours, PACU & Post-op  5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS   |
| () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () heparin (porcine) injection - For Patients  | Indication(s):  mL/min -  subcutaneous, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, PACU & Post-op              |
| () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () heparin (porcine) injection - For Patients with weight GREATER than 100 kg  () warfarin (COUMADIN) tablet | Indication(s):  mL/min -  subcutaneous, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours, PACU & Post-op  5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, PACU & Post-op Indication: |
| () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () heparin (porcine) injection - For Patients with weight GREATER than 100 kg                                | Indication(s):  mL/min -  subcutaneous, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg. oral, daily at 1700, PACU & Post-op              |

| ()                        | 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  |
|                           | GH Risk of VTE - Surgical (Hip/Knee) (Selection equired)   |  |
| ]                         | High Risk (Selection Required)   |  |
| ĪΤ                        | High risk of VTE   | Routine, Once, PACU & Post-op  |
| - (                       | High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required)   | Knee   |
|                           | Contraindications exist for pharmacologic prophylaxis  | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op  |
| 7)                        | aspirin chewable tablet  | 162 mg, oral, daily, Starting S+1, PACU & Post-op  |
| $\frac{()}{()}$           | aspirin (ECOTRIN) enteric coated tablet  | 162 mg, oral, daily, Starting S+1, PACU & Post-op  |
| $\frac{\Box}{\Box}$       | · · · · · · · · · · · · · · · · · · ·  |  |
| ()                        | Apixaban and Pharmacy Consult (Selection Re  |  |
| []                        | , ,  | 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis   |
| []                        | (ELIQUIS) therapy  | STAT, Until discontinued, Starting S<br>Indications: VTE prophylaxis   |
| ()                        | enoxaparin (LOVENOX) injection (Single Resp<br>(Selection Required)  | oonse)   |
|                           | Patient renal status: @CRCL@   |  |
|                           | doses by weight:   | AL to 30mD/min, enoxaparin orders will apply the following recommende  |
|                           |  |  |
| C                         | 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  | s<br>arin 40mg every 12 hours  |
| <del>C</del>              | 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 ( subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  | LOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):  |
| $\overline{\overline{C}}$ | 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 ( subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  ) For CrCl GREATER than or EQUAL TO 30 m  | Sarin 40mg every 12 hours  LOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):   |
| Ī                         | 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 ( subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  ) For CrCl GREATER than or EQUAL TO 30 menoxaparin (LOVENOX) subcutaneous   | Sarin 40mg every 12 hours  LOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):   |
| Ī                         | 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 ( subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  ) For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection   | CLOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):  nL/min -  subcutaneous, Starting S+1, PACU & Post-op Indication(s):  |
| Ī                         | 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 ( subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  ) For CrCl GREATER than or EQUAL TO 30 menoxaparin (LOVENOX) subcutaneous   | Sarin 40mg every 12 hours  LOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):  Louid Indication(s):  2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio 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   |
| Ī                         | 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 ( subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  ) For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection   | Sarin 40mg every 12 hours  LOVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):  L/min -  subcutaneous, Starting S+1, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min  |
| Ī<br>Ū                    | 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 ( subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  ) For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  fondaparinux (ARIXTRA) injection   | COVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):  nL/min -  subcutaneous, Starting S+1, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min  This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op  5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op  Recommended for patients with high risk of bleeding, e.g. weight LESS |
| () () ()                  | 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 ( subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  ) For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  fondaparinux (ARIXTRA) injection  heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. | COVENOX)  30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):  1L/min -  subcutaneous, Starting S+1, PACU & Post-op Indication(s):  2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op  5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op   |

| [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission | 10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis              |
|--|--|
| [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy                               | STAT, Until discontinued, Starting S Indications: VTE prophylaxis                                    |
| ( ) warfarin (COUMADIN) tablet   | oral, daily at 1700, Starting S+1, PACU & Post-op Indication:  |
| ( ) Pharmacy consult to manage warfarin (COUMADIN)   | STAT, Until discontinued, Starting S Indication:   |
| [] Mechanical Prophylaxis (Single Response) (Se Required)                                  |  |
| ( ) Contraindications exist for mechanical prophylaxis                                     | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous                                | Routine, Continuous, PACU & Post-op  |
| Labs   |  |
| Labs - Chemistry   |  |
| [] Basic metabolic panel - DOS   | Once<br>Upon arrival to PACU, PACU   |
| [] Basic metabolic panel - POD 1   | AM draw For 1 Occurrences Before arterial line is discontinued, Post-op                              |
| [] Basic metabolic panel - POD 2   | AM draw, Starting S+2 at 4:00 AM For 1 Occurrences, Post-op  |
| Labs - Hematology  |  |
| [] Hemoglobin and hematocrit   | Once, PACU   |
| [] Hemoglobin and hematocrit before arterial line is discontinued - DOS                    | Once, PACU & Post-op   |
| [X] Hemoglobin and hematocrit - POD 1  | AM draw For 1 Occurrences, Post-op   |
| [] CBC with platelet and differential - POD 1  | AM draw For 1 Occurrences, Post-op   |
| Point of Care  |  |
| [] Bedside glucose - PACU  | Routine, Once, PACU  |
| [] Bedside glucose - PACU and Post-Op  | Routine, Daily, PACU & Post-op   |