## Cystectomy Pre-Op [1980]

## General

**Pre Anesthesia Testing Orders** 

The ambulatory orders in this section are specifically for Pre Anesthesia Testing. For additional PAT orders, please use 'Future Status' and 'Pre-Admission Testing Phase of Care'

] Other Diagnostic Studies	
[] ECG Pre/Post Op	Routine, Ancillary Performed, Status: Future, Expires: S+366,
[] 200 (10/10010)	Pre-Admission Testing
[] Pv carotid duplex	Status: Future, Expires: S+366, Routine, Clinic Performed, Pre-Admission
[] carona asprox	Testing
Us vein mapping lower extremity	Status: Future, Expires: S+366, Routine, Clinic Performed, Pre-Admission
	Testing
[] Methicillin-resistant staphylococcus aureus	Routine, Status: Future, Expires: S+366, Clinic Collect, Nares,
(MRSA), NAA	Pre-Admission Testing
] Respiratory	
[] Spirometry pre & post w/ bronchodilator,	Routine, Status: Future, Expires: S+366, Scheduling/ADT
diffusion, lung volumes	Location:
	Encounter type?
[] Spirometry, diffusion, lung volumes	Routine, Status: Future, Expires: S+366, Scheduling/ADT
	Location:
[1 Chiramatry pro 9 past w/ branchadilator	Encounter type?
[] Spirometry pre & post w/ bronchodilator	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?
Body Plethysmographic lung volumes	Routine, Status: Future, Expires: S+366, Scheduling/ADT
[] Body Flethyshlographic lang volumes	Encounter type?
[] Spirometry	Routine, Status: Future, Expires: S+366, Scheduling/ADT
[1 opnomial)	Encounter type?
[] OP Diffusion Capacity Combination Panel (Sir	
Response)	
() Spirometry, diffusion	Routine, Status: Future, Expires: S+366, Scheduling/ADT
	Location:
	Encounter type?
() Spirometry, diffusion, lung volumes	Routine, Status: Future, Expires: S+366, Scheduling/ADT
	Location:
() Spirometry, diffusion, MIPS/MEPS	Encounter type?  Routine, Status: Future, Expires: S+366, Scheduling/ADT
() Spirometry, direction, will shall s	Location:
	Encounter type?
() Spirometry, diffusion, lung volumes,	Routine, Status: Future, Expires: S+366, Scheduling/ADT
MIPS/MEPS	Location:
	Encounter type?
() Spirometry pre & post w/ bronchodilator,	Routine, Status: Future, Expires: S+366, Pre-Admission Testing
diffusion	Location:
	Encounter type?
() Spirometry pre & post w/ bronchodilator,	Routine, Status: Future, Expires: S+366, Scheduling/ADT
diffusion, lung volumes	Location:
() Spirometry pre & post w/ bronchodilator,	Encounter type?  Routine, Status: Future, Expires: S+366, Scheduling/ADT
diffusion, MIPS/MEPS	Location:
andon, will online o	Encounter type?
() Spirometry pre & post w/ bronchodilator,	Routine, Status: Future, Expires: S+366, Scheduling/ADT
diffusion, lung volumes, MIPS/MEPS	Location:
	Encounter type?
] Laboratory: Preoperative Testing Labs	··
[] COVID-19 qualitative RT-PCR - Nasal	Routine, Status: Future, Expires: S+366, Clinic Collect
Swab	Specimen Source: Nasal Swab
	Is this for pre-procedure or non-PUI assessment? Yes
	Pre-Admission Testing

[]	CBC with platelet and differential	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[]	Comprehensive metabolic panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[]	Basic metabolic panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[]	Prothrombin time with INR	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[]	Partial thromboplastin time	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[]	Hepatic function panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[]	Platelet function analysis	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[]	Hemoglobin A1c	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[]	Type and screen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[]	hCG qualitative, serum screen	Routine, Status: Future, Expires: S+366, Clinic Collect Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):  Pre-Admission Testing
[]	POC pregnancy, urine	Routine, Point Of Care, Pre-Admission Testing
[]	Urinalysis, automated with microscopy	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] <u>L</u>	aboratory: Additional Labs	
[]	Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Urine Specimen Site: Clean catch Pre-Admission Testing
[]	CBC hemogram	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[]	HIV 1/2 antigen/antibody, fourth generation, with reflexes (HMH, HMB, HMCL, HMWB, HMW, HMSL)	Routine, Status: Future, Expires: S+366, Clinic Collect Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Pre-Admission Testing
[]	Syphilis treponema screen with RPR confirmation (reverse algorithm)	Routine, Status: Future, Expires: S+366, Clinic Collect Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Pre-Admission Testing
[]	Acute viral hepatitis panel (HAV, HBV, HCV)	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[]	Thromboelastograph	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[]	Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[]	MRSA PCR	Routine, Status: Future, Expires: S+366, Clinic Collect, Nares, Pre-Admission Testing
	Т3	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[]	T4	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[]	Thyroid stimulating hormone	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[]	Prostate specific antigen	Routine, Status: Future, Expires: S+366, Clinic Collect Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):  Pre-Admission Testing
[] <u>L</u>	aboratory: Additional for Bariatric patients	
[]	Lipid panel	Routine, Status: Future, Expires: S+366, Clinic Collect Has the patient been fasting for 8 hours or more? Pre-Admission Testing

[] hCG qualitative, serum screen	Routine, Status: Future, Expires: S+366, Clinic Collect Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):  Pre-Admission Testing
[] Total iron binding capacity	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] T4, free	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
] Thyroid stimulating hormone	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
] Hemoglobin A1c	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
Parathyroid hormone	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
] CBC with platelet and differential	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
] Prothrombin time with INR	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
Partial thromboplastin time, activated	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
] Vitamin A level, plasma or serum	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
] Vitamin B12 level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
] Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
] Copper level, serum	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
] Folate level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
] Vitamin B1 (thiamine)	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
] Zinc level, serum	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing

Planned ICU Admission Post-Operatively (Admit to Inpatient Order) (Single Response)

Patients who are having an Inpatient Only Procedure as determined by CMS and patients with prior authorization for Inpatient Care may have an Admit to Inpatient order written pre-operatively.

() 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.

## Nursing Vital Signs

vital Signs	
[X] Vital signs - T/P/R/BP - Per Unit Protocol	Routine, Per unit protocol, Pre-op
[] Vital signs - T/P/R/BP - Every 4 Hours	Routine, Every 4 hours, Pre-op

Notify

[ ] Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 101.5 Temperature less than: Systolic BP greater than: 180 Systolic BP less than: 80 Diastolic BP greater than: 120 Diastolic BP less than: 40 MAP less than: Heart rate greater than (BPM): 115 Heart rate less than (BPM): 45 Respiratory rate greater than: 25 Respiratory rate less than: SpO2 less than: Output less than 240 mL/shift or JP output greater than 180 mL/shift
Stoma Therapist	
Stomal therapist to mark patient	Routine, Until discontinued, Starting S Colostomy irrigation (mLs): Pre-op
Nursing	
[X] Height and weight on arrival	Routine, Once, Pre-op
[X] Complete consent form	Routine, Once Procedure: Diagnosis/Condition: Physician:
CL We'll coully OR	Pre-op
[] Void on call to OR	Routine, Once, Pre-op
[] Verify modification of diabetic agents	Routine, Until discontinued, Starting S  Nurse to check with primary physician for diabetic medication adjustment., Post-op
[] Verify lab results available	Routine, Once For 1 Occurrences  Nurse to verify the following labs are available:
	PRE-OP: CBC, INR (if on coumadin), potassium, urinalysis;
	Call surgeon with abnormal results, Pre-op
Verify surgical site confirmation documentation completed	Routine, Once For 1 Occurrences, Pre-op
[] Verify discontinuation of anti-thrombotics	Routine, Once For 1 Occurrences If patient has taken any of the following agents within the listed period prior to surgery, contact surgeon for further instructions:
	Apixaban, aspirin, clopidogrel, rivaroxiban, dabigatran, prasugrel, or ticagrelor; 5-7 days COUMADIN/warfarin 3-5 days; enoxaparin 12 hours; and heparin 4 hours prior to procedure. If patient is taking COUMADIN/warfarin within 72 hours of exam, have INR drawn prior to appointment., Pre-op
[] Saline lock IV	Routine, Continuous, Pre-op
] Insert peripheral IV	Routine, Once, Pre-op
Drange IV site dressing	Routine, Per unit protocol, Pre-op
Nasogastric tube insertion	Routine, Once Type: Set to low intermittant suction. Pro-on
	Set to low intermittent suction., Pre-op
Tobacco cessation education	Routine, Once, Pre-op

[] NPO - effective midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: An NPO order without explicit exceptions means nothing can be given orally to the patient., Pre-op
IV Fluids	
IV Fluids	
[] sodium chloride 0.9 % infusion	intravenous, continuous, Pre-op
[] lactated Ringer's infusion	intravenous, continuous, Pre-op
[] dextrose 5 % and sodium chloride 0.45 % v potassium chloride 20 mEq/L infusion	
[] dextrose 5%-sodium chloride 0.45% (D5-1/potassium chloride (custom amount) infusion	
[] sodium chloride 0.45% with potassium chlo amount) infusion	<u> </u>
Medications	
below, consult pharmacy or infectious diseas	options for Pubovaginal Sling. If patient allergy prevents use of the options se consultant for alternative options.
( ) ceFAZolin (ANCEF) IV - For Patients LESS EQUAL to 120 kg	than or 2 g, intravenous, once, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
EQUAL to 120 kg	
EQUAL to 120 kg () cefoxitin (MEFOXIN) 2 g IVPB  () gentamicin plus metronidazole for Penicillin	Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
EQUAL to 120 kg ( ) cefoxitin (MEFOXIN) 2 g IVPB	Reason for Therapy: Surgical Prophylaxis  2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis  Allergic "And" Linked Panel  5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op
EQUAL to 120 kg () cefoxitin (MEFOXIN) 2 g IVPB () gentamicin plus metronidazole for Penicillin Patients	Reason for Therapy: Surgical Prophylaxis  2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis  Allergic "And" Linked Panel  5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication:  500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeathours after initial dose if still intra-op. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PC dose when above approved criteria are satisfied:
EQUAL to 120 kg  ( ) cefoxitin (MEFOXIN) 2 g IVPB  ( ) gentamicin plus metronidazole for Penicillin Patients  [ ] gentamicin (GARAMICIN) IVPB  [ ] metronidazole (FLAGYL) 500 mg IVPB	Reason for Therapy: Surgical Prophylaxis  2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis  Allergic "And" Linked Panel  5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication:  500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repea hours after initial dose if still intra-op. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PC
EQUAL to 120 kg  ( ) cefoxitin (MEFOXIN) 2 g IVPB  ( ) gentamicin plus metronidazole for Penicillin Patients  [ ] gentamicin (GARAMICIN) IVPB  [ ] metronidazole (FLAGYL) 500 mg IVPB  ( ) ciprofloxacin (CIPRO) IV  Antibiotics - Pubovaginal Sling (Pre-Op): Fo	Reason for Therapy: Surgical Prophylaxis  2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis  Allergic "And" Linked Panel  5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication:  500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repea hours after initial dose if still intra-op. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PC dose when above approved criteria are satisfied: Reason for Therapy:  400 mg, intravenous, Administer over: 60 Minutes, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis  or Patients GREATER than 120 kg (Single Response) options for Pubovaginal Sling. If patient allergy prevents use of the options
EQUAL to 120 kg  ( ) cefoxitin (MEFOXIN) 2 g IVPB  ( ) gentamicin plus metronidazole for Penicillin Patients  [ ] gentamicin (GARAMICIN) IVPB  [ ] metronidazole (FLAGYL) 500 mg IVPB  ( ) ciprofloxacin (CIPRO) IV  Antibiotics - Pubovaginal Sling (Pre-Op): Fo HOP Outpatient Surgery approved antibiotic below, consult pharmacy or infectious disease  ( ) ceFAZolin (ANCEF) IV - For Patients GREA	Reason for Therapy: Surgical Prophylaxis  2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis  1 Allergic "And" Linked Panel  5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication:  500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repea hours after initial dose if still intra-op. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PC dose when above approved criteria are satisfied: Reason for Therapy:  400 mg, intravenous, Administer over: 60 Minutes, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis  or Patients GREATER than 120 kg (Single Response) options for Pubovaginal Sling. If patient allergy prevents use of the options se consultant for alternative options.  ATER than 3 g, intravenous, once, For 1 Doses, Pre-op
EQUAL to 120 kg  ( ) cefoxitin (MEFOXIN) 2 g IVPB  ( ) gentamicin plus metronidazole for Penicillin Patients  [ ] gentamicin (GARAMICIN) IVPB  [ ] metronidazole (FLAGYL) 500 mg IVPB  ( ) ciprofloxacin (CIPRO) IV  Antibiotics - Pubovaginal Sling (Pre-Op): Fo HOP Outpatient Surgery approved antibiotic below, consult pharmacy or infectious disease	Reason for Therapy: Surgical Prophylaxis  2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis  1 Allergic "And" Linked Panel  5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication:  500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repea hours after initial dose if still intra-op. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PC dose when above approved criteria are satisfied: Reason for Therapy:  400 mg, intravenous, Administer over: 60 Minutes, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis  1 Patients GREATER than 120 kg (Single Response) options for Pubovaginal Sling. If patient allergy prevents use of the options se consultant for alternative options.  ATER than  3 g, intravenous, once, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, Starting S, For 1 Doses, Pre-op
EQUAL to 120 kg  ( ) cefoxitin (MEFOXIN) 2 g IVPB  ( ) gentamicin plus metronidazole for Penicillin Patients  [ ] gentamicin (GARAMICIN) IVPB  [ ] metronidazole (FLAGYL) 500 mg IVPB  ( ) ciprofloxacin (CIPRO) IV  Antibiotics - Pubovaginal Sling (Pre-Op): Fo HOP Outpatient Surgery approved antibiotic below, consult pharmacy or infectious disease  ( ) ceFAZolin (ANCEF) IV - For Patients GREAT20 kg	Reason for Therapy: Surgical Prophylaxis  2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis  1 Allergic "And" Linked Panel  5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication:  500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeathours after initial dose if still intra-op. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PC dose when above approved criteria are satisfied: Reason for Therapy:  400 mg, intravenous, Administer over: 60 Minutes, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis  1 Patients GREATER than 120 kg (Single Response) Options for Pubovaginal Sling. If patient allergy prevents use of the options see consultant for alternative options.  ATER than  3 g, intravenous, once, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis  2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis

[] metronidazole (FLAGYL) 500 mg IVPB	500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat hours after initial dose if still intra-op. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Reason for Therapy:
) ciprofloxacin (CIPRO) IV	400 mg, intravenous, Administer over: 60 Minutes, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
Antibiotics - Prostate Biopsy: For Patients LESS HOP Outpatient Surgery approved antibiotic options below, consult pharmacy or infectious dis	ons for prostate biopsy surgery. If patient allergy prevents use of the
) ceFAZolin (ANCEF) IV - For Patients LESS tha EQUAL to 120 kg	n or  2 g, intravenous, once, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Reason for Therapy: Surgical Prophylaxis
) cefoxitin (MEFOXIN) 2 g injection	2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
) gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication:
) ciprofloxacin (CIPRO) IV	400 mg, intravenous, Administer over: 60 Minutes, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
) trimethoprim-sulfamethoxazole (BACTRIM) IVF	PB 160 mg, intravenous, Administer over: 2 Hours, once, Starting
HOP Outpatient Surgery approved antibiotic opti	ons for prostate biopsy surgery. If patient allergy prevents use of the
HOP Outpatient Surgery approved antibiotic options below, consult pharmacy or infectious dis	Reason for Therapy: Surgical Prophylaxis  ATER than 120 kg (Single Response) ons for prostate biopsy surgery. If patient allergy prevents use of the sease consultant for alternative options.  R than  3 g, intravenous, once, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op.
HOP Outpatient Surgery approved antibiotic opti options below, consult pharmacy or infectious disconstitution (ANCEF) IV - For Patients GREATE 120 kg	Reason for Therapy: Surgical Prophylaxis  ATER than 120 kg (Single Response) ons for prostate biopsy surgery. If patient allergy prevents use of the sease consultant for alternative options.  R than  3 g, intravenous, once, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, Starting S, For 1 Doses, Pre-op
HOP Outpatient Surgery approved antibiotic opti options below, consult pharmacy or infectious dis ) ceFAZolin (ANCEF) IV - For Patients GREATE 120 kg	Reason for Therapy: Surgical Prophylaxis  ATER than 120 kg (Single Response) ons for prostate biopsy surgery. If patient allergy prevents use of the sease consultant for alternative options.  R than  3 g, intravenous, once, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Reason for Therapy: Surgical Prophylaxis
HOP Outpatient Surgery approved antibiotic opti options below, consult pharmacy or infectious disconstant of the consult pharmacy or infectious di	ATER than 120 kg (Single Response) ons for prostate biopsy surgery. If patient allergy prevents use of the sease consultant for alternative options.  R than  3 g, intravenous, once, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis 5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication: 400 mg, intravenous, Administer over: 60 Minutes, once, Starting S, For 1 Doses, Pre-op
HOP Outpatient Surgery approved antibiotic options below, consult pharmacy or infectious discontinuous dis	ATER than 120 kg (Single Response) ons for prostate biopsy surgery. If patient allergy prevents use of the sease consultant for alternative options.  R than  3 g, intravenous, once, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis 5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication:  400 mg, intravenous, Administer over: 60 Minutes, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
options below, consult pharmacy or infectious dis  ) ceFAZolin (ANCEF) IV - For Patients GREATE 120 kg  ) cefoxitin (MEFOXIN) 2 g injection  ) gentamicin (GARAMICIN) IVPB  ) ciprofloxacin (CIPRO) IV  ) trimethoprim-sulfamethoxazole (BACTRIM) IVF  Antibiotics - Penile Prosthesis Insertion, Remove HOP Surgery approved antibiotic options for pen	ATER than 120 kg (Single Response) ons for prostate biopsy surgery. If patient allergy prevents use of the sease consultant for alternative options.  R than  3 g, intravenous, once, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis 5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication:  400 mg, intravenous, Administer over: 60 Minutes, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis  160 mg, intravenous, Administer over: 2 Hours, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
HOP Outpatient Surgery approved antibiotic options below, consult pharmacy or infectious discontinuous discontin	ATER than 120 kg (Single Response) ons for prostate biopsy surgery. If patient allergy prevents use of the sease consultant for alternative options.  R than 3 g, intravenous, once, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis 5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication: 400 mg, intravenous, Administer over: 60 Minutes, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis  PB 160 mg, intravenous, Administer over: 2 Hours, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis  Val, or Revision (Pre-Op) (Single Response) hile prosthesis surgery. If patient allergy prevents use of the options below,
HOP Outpatient Surgery approved antibiotic options below, consult pharmacy or infectious discontinuous discontin	Reason for Therapy: Surgical Prophylaxis  ATER than 120 kg (Single Response) ons for prostate biopsy surgery. If patient allergy prevents use of the sease consultant for alternative options.  R than 3 g, intravenous, once, For 1 Doses, Pre-op

L1	On intervenies and Ottomine C. Frank Bassa Brassa
	3 g, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of procedure. Infuse over 30 minutes. Repeat 8 hours after initial dose if still intra-op.
	Reason for Therapy: Surgical Prophylaxis
<ul> <li>( ) gentamicin (GARAMYCIN) IVPB plus ceFAZolin (ANCEF) IVPB - For patients LESS than or EQUAL 120 kg</li> </ul>	"And" Linked Panel _ to
	5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op
	Reason for Therapy:
	2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of procedure. Infuse over 30 minutes. Repeat 8 hours after initial dose if still intra-op. Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
() gentamicin (GARAMYCIN) IVPB plus clindamycin	"And" Linked Panel
(CLEOCIN) IVPB - For Penicillin or Vancomycin All patients	
	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 minutes. Repeat 3 hours after initial dose if still intra-op. Indication:
( ) gentamicin (GARAMYCIN) IVPB plus vancomycin (VANCOCIN) IVPB	"And" Linked Panel
,	5 mg/kg, intravenous, Administer over: 30 Minutes, once, Starting S, For 1 Doses, Pre-op Indication:
	15 mg/kg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 2 hours of penile prosthesis procedure. Infuse over 90 minutes. Repeat 8 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
Antibiotics	
[] ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
[] cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, Administer over: 30 Minutes, once, Starting S, For 1 Doses, Pre-op On Call
[] gentamicin (GARAMICIN) IVPB	Reason for Therapy: Surgical Prophylaxis 5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication:
[] levofloxacin (LEVAQUIN) IV solution	500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
[] For penicillin allergic patients: clindamycin (CLEOC	CIN) IV 900 mg, intravenous, Administer over: 30 Minutes, 60 min pre-op, Starting S, For 1 Doses, Pre-op To be initiated within 1 hour of surgery. Type of Therapy: New Anti-Infective Order
[] metronidazole (FLAGYL)	Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op On Call
	Reason for Therapy: Surgical Prophylaxis
[] gentamicin (GARAMYCIN) IVPB plus clindamycin (CLEOCIN) IVPB - For Penicillin or Vancomycin All patients	"And" Linked Panel

[] 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 minutes. Repeat 3 hours after initial dose if still intra-op. Indication:
[] gentamicin (GARAMYCIN) IVPB plus vancomycin (VANCOCIN) IVPB	
[] gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, Administer over: 30 Minutes, once, Starting S, For 1 Doses, Pre-op Indication:
[] vancomycin (VANCOCIN) IVPB	15 mg/kg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 2 hours of penile prosthesis procedure. Infuse over 90 minutes. Repeat 8 hours after initial dose if still intra-op. Reason for Therapy: Surgical Prophylaxis
Beta Blocker - Required if patient is on Home Beta If patient is on a beta blocker at home, they should	Blockers (Pre-Op) (Single Response) receive a dose on the day of procedure unless contraindicated.
() Contraindication to beta blocker - patient is on a be blocker at home, but contraindicated at this time.	eta Routine, Until discontinued, Starting S, Pre-op
() metoprolol tartrate (LOPRESSOR) tablet	12.5 mg, oral, 60 min pre-op, Starting S, For 1 Doses, Pre-op Hold for systolic blood pressure less than 100 mmHg, diastolic blood pressure less than 60 mmHg, heart rate less than 50 bpm or patient is on a vassopressor or inotrope.  BP & HR HOLD parameters for this order: Contact Physician if:
VTE	
VTE Risk and Prophylaxis Tool (Single Response) Low Risk Definition Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Me contraindicated. High Risk Definition Both pharmacologic AND mechanical prophylaxis m Age less than 60 years and NO other VTE risk facto following medical conditions: Patient already adequately anticoagulated CHF, MI veins, cancer, sepsis, obesity, previous stroke, rheu stasis and nephrotic syndrome Thrombophilia (Factor)	chanical prophylaxis is optional unless pharmacologic is nust be addressed. ors One or more of the following medical conditions: One or more of the , lung disease, pneumonia, active inflammation, dehydration, varicose umatologic disease, sickle cell disease, leg swelling, ulcers, venous or V Leiden, prothrombin variant mutations, anticardiolipin antibody siency; hyperhomocysteinemia; myeloproliferative disorders) leg ajor traumas s Abdominal or pelvic surgery for CANCER

() Patient currently has an active order for therapeutic

anticoagulant or VTE prophylaxis with Risk Stratification

() Moderate Risk - Patient currently has an active order for

Routine, Once, PACU & Post-op

URL:

"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

[] Moderate risk of VTE

(Single Response) (Selection Required)

Anticoagulation Guide for COVID patients

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

( ) 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	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
<ul><li>[] Moderate Risk Pharmacological Prophylaxis - S</li><li>Patient (Single Response) (Selection Required)</li></ul>	
() Contraindications exist for pharmacologic prop	phylaxis "And" Linked Panel
BUT order Sequential compression device	
<ul><li>[] Contraindications exist for pharmacologic prophylaxis</li></ul>	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):  PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
( ) Contraindications exist for pharmacologic prop AND mechanical prophylaxis	ohylaxis "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 Responsible (Selection Required)	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQL doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(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 n enoxaparin (LOVENOX) subcutaneous	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.  This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 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	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU &
	with weight GREATER than 100 kg	Post-op
()	warfarin (COUMADIN) tablet	For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1, PACU & Post-op
()	warranin (OOOWADIN) tablet	Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Sele	
()	Required)  Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
()	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
	DDERATE Risk of VTE - Non-Surgical (Selection quired)	
[]_	Moderate Risk (Selection Required)	
[]	Moderate risk of VTE	Routine, Once, PACU & Post-op
	Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selecti Required)	on
()	Contraindications exist for pharmacologic proplement of Contraindications of Contraindications of Contraindications exist for pharmacologic proplement of Contraindications of Co	nylaxis - "And" Linked Panel
Ī	Contraindications exist for pharmacologic	Routine, Once
	prophylaxis	No pharmacologic VTE prophylaxis due to the following
		contraindication(s):
r	Place/Maintain sequential compression	PACU & Post-op  Routine, Continuous, PACU & Post-op
- 1	device continuous	·
()	Contraindications exist for pharmacologic propl AND mechanical prophylaxis	nylaxis "And" Linked Panel
[	Contraindications exist for pharmacologic	Routine, Once
	prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
		PACU & Post-op
[	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following
		contraindication(s): PACU & Post-op
()	enoxaparin (LOVENOX) injection (Single Resp	
	(Selection Required)	,
	Patient renal status: @CRCL@	
	For patients with CrCl GPEATER than or FOLL	At to 30ml /min, anavaparin orders will apply the following recommended
	doses by weight:	AL to 30mL/min, enoxaparin orders will apply the following recommended
	Weight Dose	
	LESS THAN 100kg enoxaparin 40mg daily	
	100 to 139kg enoxaparin 30mg every 12 hours	
	GREATER THAN or EQUAL to 140kg enoxapa	illi 40ffig every 12 flours
_		
(	<ul><li>) For CrCl LESS than 30mL/min - enoxaparin (I 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 m	` '
	enoxaparin (LOVENOX) subcutaneous	DAGUA DA
	[] 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	and/or transfusion
Chronic use of NSAIDs/steroids Active GI ulcer	
Active of dicei	
() High bleed risk	5,000 Units, subcutaneous, every 12 hours
	Indication for lower dose/frequency:
() Not high bleed risk (Single Response)	7.500.11 %
() 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
() WITHOUT phalmacy consult	Indication:
() WITH pharmacy consult	
[] Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
Mechanical Prophylaxis (Single Response) (Se	election
Required)	D # 0
( ) 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	reading, commutation, race at read op
HIGH Risk of VTE - Surgical (Selection Required)	
High Risk (Selection Required)	
] High risk of VTE	Routine, Once, PACU & Post-op
High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)	
	Routine, Once
(Single Response) (Selection Required)	No pharmacologic VTE prophylaxis due to the following
(Single Response) (Selection Required)  () Contraindications exist for pharmacologic	

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxaparin	(LOVENOX)
subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous	mL/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, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() HIGH Risk of VTE - Non-Surgical (Selection Req	uired)
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)

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	00   1   1   1   1   1   1   1   1   1
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	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 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, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<ul><li>Mechanical Prophylaxis (Single Response) (Sele 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
HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required)	
] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
<ul> <li>High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required)</li> </ul>	
( ) 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 Re	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis

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

LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxaparin (	I OVENOX)
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 m enoxaparin (LOVENOX) subcutaneous</li> </ul>	L/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
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 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, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Selection Required)	ection
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<ul> <li>() Place/Maintain sequential compression device continuous</li> </ul>	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 therapeut	ic
anticoagulant or VTE prophylaxis with Risk Stratif	ication
(Single Response) (Selection Required)	
() Moderate Risk - Patient currently has an active	
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:
[1] Disconsequential compression device (Cingle	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	reduite, Continuous, 1 7100 a 1 ost op
() Moderate Risk - Patient currently has an active	order for
therapeutic anticoagulant or VTÉ 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):
( ) Place/Maintain sequential compression	PACU & Post-op  Routine, Continuous, PACU & Post-op
device continuous	Routine, Continuous, PACO & Post-op
() High Risk - Patient currently has an active orde	r for
therapeutic anticoagulant or VTE prophylaxis (\$	
Required)	50000011
[] High risk of VTE	Routine, Once, PACU & Post-op

[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
p. op. 1) 10/110	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)	Ociocion
[] High risk of VTE	Routine, Once, PACU & Post-op
	Routine, Once
<ul> <li>Patient currently has an active order for therapeutic anticoagulant or VTE</li> </ul>	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Disconsississississississississississississis	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
LOW Risk of VTE (Selection Required)	
Low Risk (Single Response) (Selection Require	Δ <i>d</i> /
( ) Low risk of VTE	Routine, Once
() LOW HSK OF VIE	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourge
	early ambulation
	PACU & Post-op
MODERATE Rick of V/TE Surgical (Salaction Re	
MODERATE Risk of VTE - Surgical (Selection Re Moderate Risk (Selection Required)	equileu)
· · · · · · · · · · · · · · · · · · ·	Doubling Once DACIL & Doct on
Moderate risk of VTE	Routine, Once, PACU & Post-op
<ul> <li>Moderate Risk Pharmacological Prophylaxis - 3</li> <li>Patient (Single Response) (Selection Required</li> </ul>	
( ) Contraindications exist for pharmacologic pro	
BUT order Sequential compression device	phytoxic 7tha Ellinou Fullor
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
ριοριιγιαλίο	contraindication(s):
Place/Maintain sequential compression	PACU & Post-op  Routine, Continuous, PACU & Post-op
[] Place/Maintain sequential compression device continuous	Noutine, Continuous, FACO & Fost-op
Contraindications exist for pharmacologic pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[ ] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
E. ek. ()	contraindication(s):
	PACU & Post-op
[] Contraindications exist for machanical	· · · · · · · · · · · · · · · · · · ·
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
L	control of cotion (a)
F. 26. 17. 20. 11.	contraindication(s): PACU & Post-op

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):
() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.  This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<ul> <li>Mechanical Prophylaxis (Single Response) (Se Required)</li> </ul>	election
() 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 (Selectic Required)	on
Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
<ul> <li>Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)</li> </ul>	tion
( ) Contraindications exist for pharmacologic pro Order Sequential compression device	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

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 (Selection Required) Patient renal status: @CRCL@	ponse)
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous	· · ·
[] 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 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 Indication:
() WITH pharmacy consult	
[] Pharmacy consult to manage warfarin (COUMADIN) d on 1/4/2024 at 11:45 AM from Production	STAT, Until discontinued, Starting S Indication:
a on 1/4/2024 at 11:45 AW from Production	Page 19 of

[] warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
propriyitazilo	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
· · · · · · · · · · · · · · · · · · ·	Routine, Continuous, PACO & Post-op
device continuous	
) HIGH Risk of VTE - Surgical (Selection Required)	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Surgi	cal Patient
(Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
propriylaxio	contraindication(s):
	PACU & Post-op
() and a series (LOV/ENOV) in in etime (Circula Dec	·
() enoxaparin (LOVENOX) injection (Single Res	ponse)
(Selection Required)	
Patient renal status: @CRCL@	
	JAL to 30mL/min, enoxaparin orders will apply the following recommended
doses by weight:	
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hour	S
GREATER THAN or EQUAL to 140kg enoxage	
ortania art art art art art art art art art ar	13y 12y 12
() For CrCl LESS than 30mL/min - enoxaparin	(LOVENOX)
` '	(LOVENOX)
subcutaneous Daily at 1700	
	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 r	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): nL/min -
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 r	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):  mL/min -  subcutaneous, Starting S+1, PACU & Post-op
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	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):
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous	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
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	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):
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	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
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	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.
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	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
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	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.
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	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
subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection	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):
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	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 &
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection	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
subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection	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 &
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection	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
subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	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
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection  () heparin (porcine) injection (Recommended	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
subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (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)	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.
subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (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	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 &
subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (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)	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 than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op
subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (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	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 than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.
subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (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	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 than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op  For patients with weight GREATER than 100 kg.  oral, daily at 1700, Starting S+1, PACU & Post-op
subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (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	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 than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op  For patients with weight GREATER than 100 kg.  oral, daily at 1700, Starting S+1, PACU & Post-op  Indication:
subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (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	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 than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op  For patients with weight GREATER than 100 kg.  oral, daily at 1700, Starting S+1, PACU & Post-op
subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (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	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 than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op  For patients with weight GREATER than 100 kg.  oral, daily at 1700, Starting S+1, PACU & Post-op  Indication:
subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 renoxaparin (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  () Pharmacy consult to manage warfarin	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 CrCI 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 patients with weight GREATER than 100 kg.  oral, daily at 1700, Starting S+1, PACU & Post-op Indication:  STAT, Until discontinued, Starting S Indication:

<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	Troume, commode, 17700 a 1 ost op
() HIGH Risk of VTE - Non-Surgical (Selection Requir	ed)
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-Su Patient (Single Response) (Selection Required)	
<ul> <li>( ) Contraindications exist for pharmacologic prophylaxis</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following
ριορπγιαλίο	contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Respo	· · · · · · · · · · · · · · · · · · ·
(Selection Required)	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUA doses by weight: Weight Dose	AL to 30mL/min, enoxaparin orders will apply the following recommended
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hours	
GREATER THAN or EQUAL to 140kg enoxapa	rin 40mg every 12 hours
( ) For CrCl LESS than 30mL/min - enoxaparin (L subcutaneous Daily at 1700	OVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
( ) For CrCl GREATER than or EQUAL TO 30 ml enoxaparin (LOVENOX) subcutaneous	_/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op
	If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)  ( ) heparin (porcine) injection - For Patients	than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ction
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required)	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op

[] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respons (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	lequired)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
( ) enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
<ul> <li>For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous</li> </ul>	mL/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
	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 Indication:

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
_abs	
COVID-19 Qualitative PCR	
] COVID-19 qualitative RT-PCR - Nasal Swab	STAT For 1 Occurrences Specimen Source: Nasal Swab Is this for pre-procedure or non-PUI assessment? Yes Pre-op
Laboratory	
] Basic metabolic panel	Once, Pre-op
] Electrolyte panel	Once, Pre-op
] Creatinine level	Once, Pre-op
] BUN level	Once, Pre-op
Hemoglobin and hematocrit	Once, Pre-op
CBC with platelet and differential	Once, Pre-op
] Type and screen	Once, Pre-op
Prothrombin time with INR	Once, Pre-op
Partial thromboplastin time	Once, Pre-op
] Urinalysis screen and microscopy, with reflex to culti	ure Once Specimen Source: Urine Specimen Site: Pre-op
Urinalysis, automated with microscopy	Once, Pre-op
] hCG QUALitative, urine	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Pre-op
] Bedside glucose	Routine, Once, Pre-op
maging	
maging	
1 Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Pre-op
] XR Abdomen 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Pre-op
Other Studies	
Other Diagnostic Studies	
] ECG 12 lead	Routine, Once Clinical Indications: Interpreting Physician: Pre-op
Consults For Physician Consult orders use sidebar	
Consults	
Consult Anesthesiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Pre-op

[] Consult Cardiology	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/clinical information communicated?
	Pre-op
[] Consult Internal Medicine	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/clinical information communicated?
	Pre-op
[] Consult to Nutrition Services	Reason For Consult?
	Purpose/Topic:
	Pre-op
[] Consult to Spiritual Care	Reason for consult?
	Pre-op
[] Consult to Case Management	Consult Reason:
	Pre-op
[] Consult to Social Work	Reason for Consult:
	Pre-op