

**General**

**Common Present on Admission Diagnosis**

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

**Elective Outpatient, Observation, or Admission (Single Response)**

<input type="checkbox"/>	Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
<input type="checkbox"/>	Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
<input type="checkbox"/>	Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
<input type="checkbox"/>	Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op

**Admission or Observation (Single Response)**

Patient has active outpatient status order on file

<input type="checkbox"/> Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
<input type="checkbox"/> Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
<input type="checkbox"/> Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
<input type="checkbox"/> Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
<input type="checkbox"/> Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

**Admission (Single Response)**

Patient has active status order on file

<input type="checkbox"/> Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
<input type="checkbox"/> Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
<input type="checkbox"/> Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

**Transfer (Single Response)**

Patient has active inpatient status order on file

<input type="checkbox"/> Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
<input type="checkbox"/> Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

**Isolation**

<input type="checkbox"/> Airborne isolation status	
<input type="checkbox"/> Airborne isolation status	Details
<input type="checkbox"/> Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Post-op
<input type="checkbox"/> Contact isolation status	Details
<input type="checkbox"/> Droplet isolation status	Details
<input type="checkbox"/> Enteric isolation status	Details

**Precautions**

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

## Nursing

### Vitals

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol, Starting S On arrival and then routine, Post-op
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### Activity

<input checked="" type="checkbox"/> Head of bed	Routine, Until discontinued, Starting S Head of bed: 30 degrees Post-op
<input checked="" type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S For 24 Hours For 24 hours PostOp, Post-op
<input checked="" type="checkbox"/> Up in chair	Routine, Until discontinued, Starting S+1 Specify: Up in chair Additional modifier: Starting 24 hours post-operative., Post-op

### Nursing

<input checked="" type="checkbox"/> Insert feeding tube	Routine, Once For 1 Occurrences Insert Dobhoff tube, Post-op
<input checked="" type="checkbox"/> Strict intake and output	Routine, Every 8 hours Per floor protocol, Post-op
<input checked="" type="checkbox"/> Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain,to gravity Post-op
<input type="checkbox"/> Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders: To Low Intermittent Suction Remove after extubation, Post-op
<input type="checkbox"/> Orogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders: To Low Intermittent Suction Remove after extubation, Post-op
<input checked="" type="checkbox"/> Apply warming blanket	Routine, As needed As needed to raise body temperature to 98.6 Fahrenheit, Post-op
<input checked="" type="checkbox"/> Reinforce dressing	Routine, As needed Reinforce with: Reinforce dressing as needed., Post-op
<input checked="" type="checkbox"/> Hemodynamic Monitoring	Routine, Every hour Measure: Other Other: Swan Ganz to monitor, Recalibrate SV02 every morning. Record SV02 every 1 hour. DO NOT WEDGE SWAN. Post-op
<input checked="" type="checkbox"/> Chest tube to continuous suction	Routine, Until discontinued, Starting S Level of suction: 20 cm H2O Chest tube to 20 centimeter water pressure., Post-op
<input type="checkbox"/> Neurological assessment	Routine, Daily Assessment to Perform: Post-op
<input type="checkbox"/> Hold sedation every morning coordinated with CV intensivist to assess neurological status	Routine, Until discontinued, Starting S, Post-op
<input checked="" type="checkbox"/> All blood products must be irradiated and leukocyte reduced	Routine, Until discontinued, Starting S, Post-op
<input type="checkbox"/> Blood products must be CMV negative if donor and recipients are CMV negative	Routine, Until discontinued, Starting S, Post-op

## Notify Physician

<input checked="" type="checkbox"/> Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100.1 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: 110 Diastolic BP less than: 40 MAP less than: 60 Heart rate greater than (BPM): 120 Heart rate less than (BPM): 50 Respiratory rate greater than: 25 Respiratory rate less than: 8 SpO2 less than: 88 Contact Pulmonary Transplant Service/Page 713-441-2215 upon patient arrival to floor, and for any questions.
<input checked="" type="checkbox"/> Notify CV Intensivist for critical labs, vomiting, GI bleed, cardiac arrhythmias, chest pain	Routine, Until discontinued, Starting S, Post-op
<input checked="" type="checkbox"/> CV Intensivist if chest tube drainage greater than 100 millimeters in 2 hours.	Routine, Until discontinued, Starting S, Post-op

## Diet

<input checked="" type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: An NPO order without explicit exceptions means nothing can be given orally to the patient., Post-op
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## IV Fluids

### IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % bolus	500 mL, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Post-op
<input type="checkbox"/> sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> dextrose 5%-0.45% sodium chloride infusion	75 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> dextrose 5%-0.9% sodium chloride infusion	75 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, at 100 mL/hr, continuous, Post-op
<input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op

## Medications

### Pharmacy Consult

<input type="checkbox"/> Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S Adjust dose for:
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### Restricted Medications

<input checked="" type="checkbox"/> No ketorolac (Toradol)	STAT, Until discontinued, Starting S Reason for "No" order: Status Post Lung Transplant Post-op
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No NSAIDs EXcluding aspirin STAT, Until discontinued, Starting S  
Reason for "No" order:  
Post-op

### Induction Therapy

basiliximab (SIMULECT) IVPB - POD #4 20 mg, intravenous, Administer over: 30 Minutes, once, S+4  
at 11:00 AM, For 1 Doses, Post-op  
Administer on POD #4

### Immunosuppressants (Selection Required)

Immunosuppression Therapy: Option 1 - methylPREDNISolone and predniSONE (Selection Required) **"Followed by" Linked Panel**

<input checked="" type="checkbox"/> methylPREDNISolone (Solu-MEDROL) IV Push - POD #1 and 2	2 mg/kg, intravenous, daily, Starting S+1, For 2 Doses, Post-op
<input checked="" type="checkbox"/> methylPREDNISolone (Solu-MEDROL) IV Push - POD #3 and 4	1.5 mg/kg, intravenous, daily, Starting S+3, For 2 Doses, Post-op
<input checked="" type="checkbox"/> methylPREDNISolone (Solu-MEDROL) IV Push - POD #5 and 6	1 mg/kg, intravenous, daily, Starting S+5, For 2 Doses, Post-op
<input checked="" type="checkbox"/> predniSONE (DELTASONE) tablet - POD #7 and 8	40 mg, oral, daily, Starting S+7, For 2 Doses, Post-op
<input checked="" type="checkbox"/> predniSONE (DELTASONE) tablet - POD #9 and 10	20 mg, oral, daily, Starting S+9, For 2 Doses, Post-op
<input checked="" type="checkbox"/> predniSONE (DELTASONE) tablet - POD #11	10 mg, oral, daily, Starting S+11, Post-op

Immunosuppression Therapy: Option 2 - mycophenolate IVPB (Selection Required)

Immunosuppression Therapy: Option 3 - mycophenolate (CELLCEPT) IVPB 1,000 mg, intravenous, Administer over: 2 Hours, 2 times daily, Starting S, Post-op

Immunosuppression Therapy: Option 3 - tacrolimus NG Tube or Oral and cyclosporine NG Tube or Oral (Single Response)

<input type="checkbox"/> tacrolimus (PROGRAF) 0.5 mg/ml oral suspension - POD #1	Nasogastric, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, Post-op Clamp Nasogastric tube times 1 hour.
<input type="checkbox"/> tacrolimus (PROGRAF) capsule - POD #1	sublingual, 2 times daily at 0600, 1800, Starting S+1, Post-op Open the capsule and put the contents under the tongue.
<input type="checkbox"/> cycloSPORINE (NEORAL) solution - POD #1	Nasogastric, 2 times daily at 0600, 1800, Starting S+1, Post-op Clamp Nasogastric tube times 1 hour.
<input type="checkbox"/> cycloSPORINE (NEORAL) capsule - POD #1	oral, 2 times daily at 0600, 1800, Starting S+1, Post-op

### Pneumocystis Prophylaxis

sulfamethoxazole-trimethoprim (BACTRIM DS) Options (Single Response)

<input type="checkbox"/> sulfamethoxazole-trimethoprim (BACTRIM DS) 800-160 mg tablet	1 tablet, oral, user specified, Starting S+5, Post-op Give on PostOp Day 5. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> sulfamethoxazole-trimethoprim (BACTRIM) 200-40 mg/5 mL suspension	20 mL, Nasogastric, user specified, Starting S+5, Post-op Give on PostOp Day 5. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

atovaquone (MEPRON) suspension - If Known or Suspected Sulfa Allergy - POD #5 750 mg, Nasogastric, 2 times daily, Starting S+5  
If Known or Suspected Sulfa Allergy

### Antivirals (Single Response)

valGANciclovir (VALCYTE) 50 mg/mL oral solution 450 mg, oral, 2 times daily, Post-op  
Type of Therapy: New Anti-Infective Order  
Reason for Therapy: Medical Prophylaxis

ganciclovir (CYTOVENE) IVPB - POD #0 **"And" Linked Panel**

<input checked="" type="checkbox"/> ganciclovir (CYTOVENE) IVPB	5 mg/kg, intravenous, Administer over: 60 Minutes, daily, Starting S, Post-op Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
<input checked="" type="checkbox"/> sodium chloride 0.9 % bag for line care	250 mL, intravenous, at 30 mL/hr, PRN, line care, Post-op For ganciclovir line care
<input type="checkbox"/> acyclovir (ZOVIRAX) IV	5 mg/kg, intravenous, every 8 hours, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
<input type="checkbox"/> acyclovir (ZOVIRAX)	200 mg, oral, 2 times daily, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis

### Antifungal

<input checked="" type="checkbox"/> nystatin (MYCOSTATIN) 100,000 unit/mL suspension	5 mL, oral, 4 times daily, Post-op Paint mouth with swab while intubated. Once extubated, convert to swish and swallow. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> voriconazole (VFEND) tablet - POD #1	200 mg, oral, 2 times daily, Starting S+1, Post-op Crush tablet to make suspension if patient is unable to swallow. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input checked="" type="checkbox"/> micafungin (MYCAMINE) IVPB	100 mg, intravenous, Administer over: 1 Hours, every 24 hours, For 2 Doses, Post-op RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), and Hematology/Oncology (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or ordering on behalf of one? YES, I am an approved provider Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> amphotericin B liposome (AMBISOME) 50 mg inhalation suspension AND ipratropium (ATROVENT) 0.02 % nebulizer solution	<b>"And" Linked Panel</b>
<input type="checkbox"/> amphotericin B liposome (AMBISOME) 50 mg in water for injection, sterile (PF) 6.25 mL inhalation suspension	50 mg, inhalation, Respiratory Therapy - Daily RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), and Hematology/Oncology (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or ordering on behalf of one? [amphotericin B liposome]Reason for Therapy:
<input type="checkbox"/> ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, Respiratory Therapy - Daily Aerosol Delivery Device:

### PostOperative Antibiotics - Gram Positive coverage (Single Response) (Selection Required)

<input checked="" type="checkbox"/> Gram Positive Coverage Antibiotics (Single Response)	
<input checked="" type="checkbox"/> vancomycin (VANCOCIN) IV - Administer 1 hour PRIOR to skin incision.	15 mg/kg, intravenous, every 12 hours, Post-op Indication: Medical Prophylaxis
<input type="checkbox"/> linezolid in dextrose 5% (ZYVOX) IVPB - For Known/Suspected Allergies or Suspected Drug-Resistant Organism to Vancomycin	600 mg, intravenous, Administer over: 60 Minutes, every 12 hours, Post-op Indication: Medical Prophylaxis

### PostOperative Antibiotics - Gram Negative coverage (Single Response) (Selection Required)

<input checked="" type="checkbox"/> Gram Negative Coverage Antibiotics (Single Response) (Selection Required)	
Select ONE of the following:	

<input checked="" type="checkbox"/> ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours, Post-op Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) IV	3.375 g, intravenous, Administer over: 30 Minutes, every 6 hours, Post-op Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> meropenem (MERREM) IV	500 mg, intravenous, every 6 hours, Post-op Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> For Penicillin Allergy: aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours, Post-op For Known or Suspected Penicillin Allergy Reason for Therapy: Surgical Prophylaxis

### Stress Ulcer Prophylaxis (Single Response)

<input type="checkbox"/> pantoprazole (PROTONIX) injection	40 mg, intravenous, daily at 0600, Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/> famotidine (PEPCID) injection	20 mg, intravenous, 2 times daily, Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

### PRN Mild Pain (Pain Score 1-3) (Single Response)

(adjust dose for renal/liver function and age)

<input type="checkbox"/> acetaminophen (TYLENOL) tablet OR oral solution	<b>"Or" Linked Panel</b> Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give the tablet if the patient can tolerate oral medication.
<input type="checkbox"/> acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient cannot receive oral tablet but can receive oral solution.

### PRN Oral for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

<input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) tablet OR elixir	<b>"Or" Linked Panel</b> Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:
<input type="checkbox"/> acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:
<input type="checkbox"/> HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	<b>"Or" Linked Panel</b> Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Allowance for Patient Preference:
<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) If patient cannot swallow tablet. Allowance for Patient Preference:

( ) HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir	<b>"Or" Linked Panel</b>
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication. Allowance for Patient Preference:
[ ] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient cannot swallow tablet. Allowance for Patient Preference:
( ) HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir	<b>"Or" Linked Panel</b>
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication. Allowance for Patient Preference:
[ ] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	20 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient can not swallow tablet. Allowance for Patient Preference:
( ) traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op (Max Daily dose not to exceed 200 mg/day).  Give if patient is able to tolerate oral medication Allowance for Patient Preference:

**PRN Oral for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)**

NOTICE: Before any pain medication is used you MUST NOTIFY MD and get approval.

(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir	<b>"Or" Linked Panel</b>
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, once PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:
[ ] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:
( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	<b>"Or" Linked Panel</b>
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Allowance for Patient Preference:
[ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) If patient cannot swallow tablet. Allowance for Patient Preference:
( ) traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op (Max Daily dose not to exceed 200 mg/day). Give if patient can tolerate oral medication. Allowance for Patient Preference:



**PRN IV for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)**

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.  
 (adjust dose for renal/liver function and age)

<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
<input type="checkbox"/> morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
<input type="checkbox"/> HYDROmorphine (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed

**PRN IV for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)**

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.  
 (adjust dose for renal/liver function and age)

<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
<input type="checkbox"/> morphine 2 mg/mL injection	1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
<input type="checkbox"/> HYDROmorphine (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed

**PRN Oral for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)**

(adjust dose for renal/liver function and age)

<input type="checkbox"/> HYDROmorphine (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication Allowance for Patient Preference:
<input type="checkbox"/> morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication Allowance for Patient Preference:
<input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication Allowance for Patient Preference:

**PRN Oral for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)**

(adjust dose for renal/liver function and age)

<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication Allowance for Patient Preference:
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication Allowance for Patient Preference:

<input type="checkbox"/> HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication Allowance for Patient Preference:
<input type="checkbox"/> morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication Allowance for Patient Preference:
<input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication Allowance for Patient Preference:

**PRN IV for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)**

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.  
(adjust dose for renal/liver function and age)

<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
<input type="checkbox"/> morphine injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
<input type="checkbox"/> HYDROmorphone (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed

**PRN IV for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)**

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.  
(adjust dose for renal/liver function and age)

<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
<input type="checkbox"/> morphine injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
<input type="checkbox"/> HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed

**Bowel Care**

<input checked="" type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, 2 times daily, Post-op Hold for diarrhea.
<input type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, (if with persistent constipation), Post-op
<input checked="" type="checkbox"/> polyethylene glycol (MIRALAX) packet	17 g, oral, daily PRN, constipation, Post-op
<input checked="" type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, daily PRN, constipation, Post-op

**Antiemetics - HMH, HMSJ, HMW, HMSTC Only**

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>

[X] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

#### Antiemetics - HMSTJ Only

[X] ondansetron (ZOFTRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
[X] ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IVPB or Oral or Rectal	<b>"Or" Linked Panel</b>
[X] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

#### Antiemetics - HMSL, HMWB Only

[X] ondansetron (ZOFTRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
[X] ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
[X] promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

#### Respiratory Medications

[ ] albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, Respiratory Therapy - every 4 hours, Post-op Aerosol Delivery Device:
[X] ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, Respiratory Therapy - every 4 hours, Post-op Aerosol Delivery Device:
[X] acetylcysteine 200 mg/mL (20 %) inhalation dose	400 mg, nebulization, Respiratory Therapy - every 12 hours, Post-op Aerosol Delivery Device: Intrapulmonary Percussive Ventilation (Meta-Neb Device) Meta-Neb Indications: Inadequate Secretion Clearance

## Other Medications

<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet - POD #5	81 mg, oral, daily, Starting S+5, Post-op
<input type="checkbox"/> magnesium oxide (MAG-OX) tablet - POD #5	400 mg, oral, 2 times daily, Starting S+5, Post-op
<input type="checkbox"/> multivitamin with minerals tablet - POD #5	1 tablet, oral, daily, Starting S+5, Post-op
<input type="checkbox"/> calcium carbonate-vitamin D3 500 mg-200 unit per tablet - POD #5	1 tablet, oral, 2 times daily, Starting S+5, Post-op
<input type="checkbox"/> ergocalciferol (VITAMIN D2) capsule - POD #5	50,000 Units, oral, weekly, Starting S+5, Post-op

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

<input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 6 hours PRN, itching, Post-op
<input type="checkbox"/> hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching, Post-op
<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed	60 mg, oral, 2 times daily PRN, itching, Post-op

### Itching: For Patients GREATER than 77 years old (Single Response)

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
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### Itching: For Patients between 70-76 years old (Single Response)

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
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### Insomnia: For Patients GREATER than 70 years old (Single Response)

<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
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### Insomnia: For Patients LESS than 70 years old (Single Response)

<input type="checkbox"/> zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op

## VTE

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

Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

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

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

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

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

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

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[Anticoagulation Guide for COVID patients](#)

URL:

"<https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf>"

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)

Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

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

LOW Risk of VTE (Selection Required)

Low Risk (Single Response) (Selection Required)

- Low risk of VTE  
Routine, Once  
Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation  
PACU & Post-op

MODERATE Risk of VTE - Surgical (Selection Required)

Moderate Risk (Selection Required)

- Moderate risk of VTE  
Routine, Once, PACU & Post-op

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

- Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device **"And" Linked Panel**

- Contraindications exist for pharmacologic prophylaxis  
Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):  
PACU & Post-op

- Place/Maintain sequential compression device continuous  
Routine, Continuous, PACU & Post-op

- Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis **"And" Linked Panel**

- Contraindications exist for pharmacologic prophylaxis  
Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):  
PACU & Post-op

- Contraindications exist for mechanical prophylaxis  
Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):  
PACU & Post-op

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700

- enoxaparin (LOVENOX) injection  
30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op  
Indication(s):

For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous

- enoxaparin (LOVENOX) injection  
subcutaneous, Starting S+1, PACU & Post-op  
Indication(s):

- fondaparinux (ARIXTRA) injection  
2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op  
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.  
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

- heparin (porcine) injection  
5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op

- heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  
5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op  
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

<input type="checkbox"/> 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.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> MODERATE Risk of VTE - Non-Surgical (Selection Required)	
<input type="checkbox"/> Moderate Risk (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours	
<input type="checkbox"/> For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
<input type="checkbox"/> For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):

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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

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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) STAT, Until discontinued, Starting S  
Indication:

---

warfarin (COUMADIN) tablet oral, daily at 1700  
Indication:

---

Mechanical Prophylaxis (Single Response) (Selection Required)

---

Contraindications exist for mechanical prophylaxis Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):  
PACU & Post-op

---

Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op

---

HIGH Risk of VTE - Surgical (Selection Required)

High Risk (Selection Required)

High risk of VTE Routine, Once, PACU & Post-op

---

High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

---

Contraindications exist for pharmacologic prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):  
PACU & Post-op

---

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

---



Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

For CrCl LESS than 30mL/min - enoxaparin (LOVENOX)  
subcutaneous Daily at 1700

enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op  
Indication(s):

For CrCl GREATER than or EQUAL TO 30 mL/min -  
enoxaparin (LOVENOX) subcutaneous

enoxaparin (LOVENOX) injection subcutaneous, Starting S+1, PACU & Post-op  
Indication(s):

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op  
If the patient does not have a history 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) (Selection Required)

Contraindications exist for mechanical prophylaxis Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):  
PACU & Post-op

Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op

HIGH Risk of VTE - Non-Surgical (Selection Required)

High Risk (Selection Required)

High risk of VTE Routine, Once, PACU & Post-op

High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):  
PACU & Post-op

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

subcutaneous Daily at 1700

enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, PACU & Post-op  
Indication(s):

( ) For CrCl GREATER than or EQUAL TO 30 mL/min -

enoxaparin (LOVENOX) subcutaneous

enoxaparin (LOVENOX) injection subcutaneous, PACU & Post-op  
Indication(s):

( ) fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, daily, PACU & Post-op  
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

( ) heparin (porcine) injection

5,000 Units, subcutaneous, every 8 hours, PACU & Post-op

( ) 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, 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, PACU & Post-op  
For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet

oral, daily at 1700, PACU & Post-op  
Indication:

( ) Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until discontinued, Starting S  
Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis

Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):  
PACU & Post-op

( ) Place/Maintain sequential compression device continuous

Routine, Continuous, PACU & Post-op

( ) HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required)

High Risk (Selection Required)

High risk of VTE

Routine, Once, PACU & Post-op

High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis

Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):  
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 Required)

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 Response) (Selection Required)

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

<input type="checkbox"/> For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
<input type="checkbox"/> For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> Rivaroxaban and Pharmacy Consult (Selection Required)	
<input type="checkbox"/> 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
<input type="checkbox"/> Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

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

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

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

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

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

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[Anticoagulation Guide for COVID patients](#)

URL:

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

( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

Moderate risk of VTE Routine, Once, PACU & Post-op

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 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

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

Moderate risk of VTE Routine, Once, PACU & Post-op

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  
Therapy for the following:  
PACU & Post-op

Place sequential compression device (Single Response)

( ) Contraindications exist for mechanical prophylaxis Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):  
PACU & Post-op

( ) Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

High risk of VTE Routine, Once, PACU & Post-op

<input type="checkbox"/>	Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
<input type="checkbox"/>	Place sequential compression device (Single Response)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/>	High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/>	High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/>	Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
<input type="checkbox"/>	Place sequential compression device (Single Response)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/>	LOW Risk of VTE (Selection Required)	
<input type="checkbox"/>	Low Risk (Single Response) (Selection Required)	
<input type="checkbox"/>	Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation PACU & Post-op
<input type="checkbox"/>	MODERATE Risk of VTE - Surgical (Selection Required)	
<input type="checkbox"/>	Moderate Risk (Selection Required)	
<input type="checkbox"/>	Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/>	Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX)  
subcutaneous Daily at 1700

[ ] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op  
Indication(s):

( ) For CrCl GREATER than or EQUAL TO 30 mL/min -  
enoxaparin (LOVENOX) subcutaneous

[ ] enoxaparin (LOVENOX) injection subcutaneous, Starting S+1, PACU & Post-op  
Indication(s):

( ) fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op  
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

( ) heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op

( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op  
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op  
For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1, PACU & Post-op  
Indication:

( ) Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S  
Indication:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):  
PACU & Post-op

( ) Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op

( ) MODERATE Risk of VTE - Non-Surgical (Selection Required)

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE Routine, Once, PACU & Post-op

[ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis - **"And" Linked Panel**  
Order Sequential compression device

[ ] Contraindications exist for pharmacologic prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):  
PACU & Post-op

[ ] Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op

( ) Contraindications exist for pharmacologic prophylaxis **"And" Linked Panel**  
AND mechanical prophylaxis

<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<hr/>		
() enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@		
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours		
<hr/>		
() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
<hr/>		
() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
<hr/>		
() 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):
<hr/>		
() 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	
<hr/>		
() High bleed risk		5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency:
<hr/>		
() 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
<hr/>		
() warfarin (COUMADIN) (Single Response)		
() WITHOUT pharmacy consult		oral, daily at 1700 Indication:
<hr/>		
() WITH pharmacy consult		
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> HIGH Risk of VTE - Surgical (Selection Required)	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours	
<input type="checkbox"/> For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
<input type="checkbox"/> For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	



<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> HIGH Risk of VTE - Non-Surgical (Selection Required)	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours	
<input type="checkbox"/> For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
<input type="checkbox"/> For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
<input type="checkbox"/> 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, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> 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.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required)	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op

[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 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 Required)	
[ ] 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 Response) (Selection Required)	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours	
( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
[ ] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
[ ] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history 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 (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)

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

## Labs

### Laboratory STAT Upon Arrival

<input checked="" type="checkbox"/> Lactic acid level - ONE TIME ORDER ONLY	STAT For 1 Occurrences, Post-op
<input checked="" type="checkbox"/> CBC with platelet and differential	STAT For 1 Occurrences, Post-op
<input checked="" type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences, Post-op
<input checked="" type="checkbox"/> Ionized calcium	STAT For 1 Occurrences, Post-op
<input checked="" type="checkbox"/> Magnesium level	STAT For 1 Occurrences, Post-op
<input checked="" type="checkbox"/> Phosphorus level	STAT For 1 Occurrences, Post-op
<input checked="" type="checkbox"/> LDH	STAT For 1 Occurrences, Post-op
<input checked="" type="checkbox"/> Vitamin D 25 hydroxy level	Once For 1 Occurrences, Post-op

### Labs every 6 hours x 3

<input checked="" type="checkbox"/> Hemoglobin and hematocrit	Every 6 hours For 3 Occurrences 6 hours after Arrival, Post-op
<input checked="" type="checkbox"/> Basic metabolic panel	Every 6 hours For 3 Occurrences 6 hours after Arrival, Post-op

### Troponin x 3

<input checked="" type="checkbox"/> Troponin T	Every 8 hours For 3 Occurrences
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### Laboratory Every Morning x 3 days

<input checked="" type="checkbox"/> CBC with platelet and differential	AM draw repeats For 7 Days, Post-op
<input checked="" type="checkbox"/> Comprehensive metabolic panel	AM draw repeats For 3 Days, Post-op
<input checked="" type="checkbox"/> Magnesium level	AM draw repeats For 7 Days, Post-op
<input checked="" type="checkbox"/> Phosphorus level	AM draw repeats For 7 Days, Post-op
<input type="checkbox"/> Ionized calcium	AM draw repeats For 3 Days, Post-op
<input type="checkbox"/> LDH	AM draw repeats For 3 Days, Post-op

### Immunosuppression Levels

<input checked="" type="checkbox"/> FK506 Tacrolimus level, trough	AM draw repeats, Starting S+1 For 7 Days, Post-op
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### Post Transplant Labs Mondays x 3

<input checked="" type="checkbox"/> Cytomegalovirus by PCR	Every Monday For 3 Occurrences Specimen Source: Post-op
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### Arterial Blood Gas

<input checked="" type="checkbox"/> Arterial blood gas	STAT For 1 Occurrences, Post-op
<input checked="" type="checkbox"/> Arterial blood gas	Every 6 hours For 3 Occurrences Every 6 hours x 3, Post-op
<input checked="" type="checkbox"/> Arterial blood gas	AM draw repeats For 3 Days, Post-op

### Microbiology

<input checked="" type="checkbox"/> Blood culture x 2	"And" Linked Panel
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[X] Blood Culture (Aerobic & Anaerobic)	Once, Starting S For 1 Occurrences, Blood Upon arrival to the unit
	Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used., Post-op
[X] Blood Culture (Aerobic & Anaerobic)	Once For 1 Occurrences, Blood Upon arrival to the unit.
	Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used., Post-op
[X] Blood culture x 2	<b>"And" Linked Panel</b>
[X] Blood Culture (Aerobic & Anaerobic)	Conditional Frequency, Blood One activation if temperature greater than 99.9 Fahrenheit.
	Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used., Post-op
[X] Blood Culture (Aerobic & Anaerobic)	Conditional Frequency, Blood One activation if temperature greater than 99.9 Fahrenheit.
	Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used., Post-op
[X] Urinalysis screen and microscopy, with reflex to culture	Conditional Frequency Specimen Source: Urine Specimen Site: One activation if temperature greater than 99.9 Fahrenheit., Post-op

## Cardiology

### Cardiology

[X] ECG 12 lead	STAT, Once For 1 Occurrences Clinical Indications: Post-Op Surgery Interpreting Physician: STAT upon arrival to unit, Post-op
[X] ECG 12 lead	Routine, Daily, Starting S+1 For 3 Days Clinical Indications: Post-Op Surgery Interpreting Physician: Every morning times 3 days, Post-op

## Imaging

### X-Ray

[X] XR Chest 1 Vw Portable	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences STAT upon arrival to unit., Post-op
[X] XR Chest 1 Vw Portable	Routine, Daily imaging, Starting S+1 For 7 Days AM Every morning x 7 days, Post-op
[X] XR Chest 1 Vw Portable	STAT, Conditional Frequency For 1 Unlimited activations if temperature greater than 99.9 degrees Fahrenheit., Post-op

## Respiratory

### Respiratory Therapy

<input checked="" type="checkbox"/> Suctioning	Routine, Every 4 hours Route: Endotracheal Bag and suction with coude catheter only. Do not suction if PEEP is more than 10, unless absolutely necessary, Post-op
<input checked="" type="checkbox"/> Incentive spirometry	Routine, Every hour Start when extubated., Post-op
<input checked="" type="checkbox"/> Encourage deep breathing and coughing	Routine, Every 2 hours Start when extubated., Post-op

## Consults

For Physician Consult orders use sidebar

### Consults

<input type="checkbox"/> Consult Diabetes/Endocrinology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input checked="" type="checkbox"/> Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal): Weight Bearing Status: Post-op, Evaluate and treat for endurance and ambulation
<input type="checkbox"/> Consult to OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal): Weight Bearing Status: Post-op
<input checked="" type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Other (Specify) Specify: Post Transplant Diet Education Post-op, Registered Dietitian
<input type="checkbox"/> Consult Methodist Rehab Associates	Reason for Consult: PM&R Evaluation Post-op
<input type="checkbox"/> Consult to Case Management	Consult Reason: Other specify Specify: Lung Transplant; arrange home nebulizer machine Post-op
<input type="checkbox"/> Consult to Transplant Social Work	Reason for Consult? Organ Transplant: Lung Post-op
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once, Starting S+1 Reason for consult: Post-op