General

Common Present on Admission Diagnosis

[] Acidosis	Post-op
[] Acute Post-Hemorrhagic Anemia	Post-op
[] Acute Renal Failure	Post-op
[] Acute Respiratory Failure	Post-op
[] Acute Thromboembolism of Deep Veins of Lower	Post-op
Extremities	
[] Anemia	Post-op
[] Bacteremia	Post-op
[] Bipolar disorder, unspecified	Post-op
[] Cardiac Arrest	Post-op
[] Cardiac Dysrhythmia	Post-op
[] Cardiogenic Shock	Post-op
[] Decubitus Ulcer	Post-op
[] Dementia in Conditions Classified Elsewhere	Post-op
[] Disorder of Liver	Post-op
[] Electrolyte and Fluid Disorder	Post-op
[] Intestinal Infection due to Clostridium Difficile	Post-op
[] Methicillin Resistant Staphylococcus Aureus Infection	Post-op
[] Obstructive Chronic Bronchitis with Exacerbation	Post-op
[] Other Alteration of Consciousness	Post-op
[] Other and Unspecified Coagulation Defects	Post-op
[] Other Pulmonary Embolism and Infarction	Post-op
Phlebitis and Thrombophlebitis	Post-op
Protein-calorie Malnutrition	Post-op
[] Psychosis, unspecified psychosis type	Post-op
[] Schizophrenia Disorder	Post-op
[] Sepsis	Post-op
[] Septic Shock	Post-op
[] Septicemia	Post-op
[] Type II or Unspecified Type Diabetes Mellitus with	Post-op
Mention of Complication, Not Stated as Uncontrolled	
[] Urinary Tract Infection, Site Not Specified	Post-op
	· · · · · · · · · · · · · · · · · · ·
Elective Outpatient, Observation, or Admission (Single F	Response)
() Elective outpatient procedure: Discharge following	Routine, Continuous, PACU & Post-op
	Routine, Continuous, PACO & Post-op
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
зарегизин	Bed request comments:
	PACU & Post-op
() Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
	PACU & Post-op
() Admit to Inpatient	Admitting Physician:
()	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical 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 Pespanse)	

Admission or Observation (Single Response)

() 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.
() Outpatient chean action convises under general	PACU & Post-op
 Outpatient observation services under general supervision 	Admitting Physician: Patient Condition:
supervision	Bed request comments:
	PACU & Post-op
() Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
	PACU & Post-op
() Transfer patient	Level of Care:
	Bed request comments:
	Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Admission (Single Response)	
Patient has active status order on file	
) Admit to inpatient	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments: Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
	PACU & Post-op
() Transfer patient	Level of Care:
	Bed request comments:
	Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Transfer (Single Response)	
Patient has active inpatient status order on file	
() Transfer patient	Level of Care:
	Bed request comments:
	Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Code Status (Single Response)	
() Full code	Code Status decision reached by: Post-op
() DNR (Do Not Resuscitate) (Selection Required)	
[] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter?
	Did the patient/surrogate require the use of an interpreter?
	Does patient have decision-making capacity?
	Post-op

[] Consult to Palliative Care Service	Order? Name c	for Consult? If referring provider: all back number:
[] Consult to Social Work		or Consult:
() Modified Code	·	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: Post-op
() Treatment Restrictions ((For use when a patient is in a cardiopulmonary arrest))	S NOT	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op
Isolation		
[] Airborne isolation status	Datalla	
 [] Airborne isolation status [] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. 	Details Once, Po	ost-op
[] Contact isolation status		Details
[] Droplet isolation status		Details
[] Enteric isolation status		Details
Precautions		
[] Aspiration precautions		PACU & Post-op
[X] Fall precautions		Increased observation level needed:
		PACU & Post-op
[] Latex precautions		PACU & Post-op
[] Seizure precautions		Increased observation level needed: PACU & Post-op
[] Spinal precautions		PACU & Post-op
Nursing		
Vital Signs (Single Response)		
(X) Vital signs - T/P/R/BP		Routine, Per unit protocol, PACU & Post-op
Activity		
[] Strict bed rest		Routine, Until discontinued, Starting S, PACU & Post-op
[] Up with assistance		Routine, Until discontinued, Starting S
		Specify: Up with assistance PACU & Post-op
[] Activity as tolerated		Routine, Until discontinued, Starting S
		Specify: Activity as tolerated PACU & Post-op
[] Ambulate with assistance		Routine, Every 8 hours
		Specify: with assistance, in hall Ambulate with assistance at least 3 times a day, ambulate in hallway by tomorrow AM., PACU & Post-op
[] Up in chair for all meals		Routine, Until discontinued, Starting S
		Specify: Up in chair
		Additional modifier: for meals All meals, PACU & Post-op

[] Elevate Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees PACU & Post-op
[] Head of bed flat	Routine, Until discontinued, Starting S Head of bed: flat PACU & Post-op
Nursing	
[X] Assess for neck swelling and airway compromise	Routine, Every 4 hours For 24 Hours Assess: for neck swelling and airway compromise PACU & Post-op
[X] Straight cath	Routine, As needed PRN Reason: If patient unable to void on their own., PACU & Post-op
[X] Insert/Maintain Foley and Notify	
[X] Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: Indication: If unable to void after second attempt at straight cath, insert Foley and ca physician, PACU & Post-op
[X] Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain to gravity/bedside drain, PACU & Post-op
[X] Notify Physician if unable to void after second attempt at straight cath and Foley inserted	Routine, Until discontinued, Starting S, PACU & Post-op
[] Surgical/incision site care	Routine, Once Location: Site: Apply: Dressing Type: Open to air? PACU & Post-op
[X] Bladder scan	Routine, Once For patients GREATER than 50 years old. If s/p post first void residual is GREATER than 300 mL with bladder scan, contact physician.
[] Reinforce dressing	Routine, As needed Reinforce with: If saturated., PACU & Post-op
[] Cervical collar - soft	Routine, Once Type of Collar to Apply: Soft cervical collar Special Instructions: obtain from central supply PACU & Post-op
[] Cervical collar - Philadelphia	Routine, Once Type of Collar to Apply: Philadelphia Collar Special Instructions: Obtain from central supply.
[] Cervical collar - Miami J	Routine, Once Type of Collar to Apply: Miami J Collar Special Instructions: Obtain from orthotic provider. PACU & Post-op
	Type of Collar to Apply: Philadelphi Special Instructions: Obtain from ce PACU & Post-op Routine, Once Type of Collar to Apply: Miami J Co Special Instructions: Obtain from or PACU & Post-op

[] Drain care	Routine, Until discontinued, Starting S
	Drain 1:
	Drain 2:
	Drain 3:
	Drain 4:
	All Drains:
	PACU & Post-op
[] Place antiembolic stockings - Bilateral thigh high	Routine, Once
	May remove once patient ambulatory, PACU & Post-op
[X] No anticoagulants INcluding UNfractionated heparin	Routine, Until discontinued, Starting S
	Reason for "No" order: Postop Cervical Fusion
	PACU & Post-op
[X] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S
	Reason for "No" order: Postop Cervical Fusion
	PACU & Post-op
Notify (Selection Required)	
[X] Notify Physician of neck swelling or if airway	Routine, Until discontinued, Starting S, PACU & Post-op
compromised	Notatine, onthe discontinued, standing 5, FAOD & FUST- 0β
	Pouting Until discontinued Starting & DACLL® Past or
[X] Notify Physician if acute change in neurological status	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician bleeding at site	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician of No Bowel Movement for more than 72	Routine, Until discontinued, Starting S, PACU & Post-op
hours	
Diet	
[] Diet - Clear liquids (advance as tolerated to Regular)	Diet effective now, Starting S
	Diet(s): Clear Liquids
	Advance Diet as Tolerated? Yes
	Target Diet: Regular
	Advance target diet criteria: Please assess bowel sounds
	between progressions.
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Diet - Full liquids	Diet effective now, Starting S
	Diet(s): Full Liquids
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Diet - Regular	Diet effective now, Starting S
-	Diet(s): Regular
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Diet - Heart healthy	Diet effective now, Starting S
	Diet(s): Heart Healthy
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op

[] Diet - 2000 Kcal/255 gm Carb	Diet effective now, Starting S
	Diet(s): 2000 Kcal/225 gm Carbohydrate
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency: Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Diet	Diet effective now, Starting S
[] Diet	Diet enective now, starting s
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Foods to Avoid:
	PACU & Post-op
Education	
[X] Patient education - Activity	Routine, Once
	Patient/Family:
	Education for: Activity
	PACU & Post-op
[X] Patient education - Deep breathing and coughing	Routine, Once
exercises	Patient/Family:
	Education for: Other (specify)
	Specify: Deep breathing and coughing exercises
	PACU & Post-op
[X] Patient education - Incentive spirometry	Routine, Once
	Patient/Family:
	Education for: Incentive spirometry
	PACU & Post-op
[X] Patient education - Pain management	Routine, Once
	Patient/Family:
	Education for: Other (specify) Specify: Pain management
	PACU & Post-op
[] Patient education - Smoking cessation	Routine, Once
	Patient/Family:
	Education for: Smoking cessation counseling
	PACU & Post-op
[X] Patient education - Wound care	Routine, Once
	Patient/Family:
	Education for: Other (specify)
	Specify: Wound care
	PACU & Post-op
IV Fluids	
IV Fluids (Single Response)	
() lactated Ringer's infusion	intravenous, continuous, Post-op
() sodium chloride 0.9 % infusion	intravenous, continuous, Post-op
() sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Post-op
() dextrose 5 % and sodium chloride 0.45 % with	intravenous, continuous, Post-op
potassium chloride 20 mEq/L infusion - for NPO Patients	
Medications	
Steroids (Single Response)	

() dexamethasone (DECADRON) IV

() methylPREDNISolone sodium succinate (Solu-MEDROL) injection

4 mg, intravenous, every 6 hours scheduled, Post-op 40 mg, intravenous, every 6 hours scheduled, Post-op

in AM) THIS A PANEL. DO NOT EDIT.	
THIS AT AILE. DO NOT EDIT.	
[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, before breakfast - one time, For 1 Doses, Post-op
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, after lunch - one time, S at 12:00 PM, For 1 Doses, Post-op
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, after dinner - one time, For 1 Doses, Post-op
	All day-1 doses may be given (up to 6 tablets) may be given at one time
	based on time of day.
[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, For 1 Doses, Post-op
	All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, 3 times daily around food, Starting S+1, For 3 Doses, Post-o
[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, Starting S+1, For 1 Doses, Post-op
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, 4 times daily tapering, Starting S+2, Post-op
	4 mg, oral, 4 amos daily taponing, otarting 012, 1 oot op
ISAIDS (Single Response)	
These orders should be used for Cervical Arthrop	lasty. Use in spinal fusion patients is not recommended.
) indomethacin (INDOCIN) capsule	50 mg, oral, 3 times daily with meals, Starting S+1, Post-op
,	Start POD #1. Use in spinal fusion patients not
	recommended.
) indomethacin SR (INDOCIN SR) CR capsule	75 mg, oral, daily with breakfast, Starting S+1, Post-op
	Start POD #1. Use in spinal fusion patients not
	recommended.
ledications	
pantoprazole (PROTONIX) IV or ORAL	"Or" Linked Panel
[] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600, Post-op
	Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[] pantoprazole (PROTONIX) 40 mg in sodium	40 mg, intravenous, daily at 0600, Post-op
chloride 0.9 % 10 mL injection	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:
ledications - Bowel Management	
X] polyethylene glycol (MIRALAX) packet	17 g, oral, 2 times daily, Post-op
K] Stool Softener Options (Single Response)	Tr g, oral, 2 times daily, Post-op
(X) docusate sodium (COLACE) capsule	100 mg oral 2 times daily Post-op
() sennosides-docusate sodium	100 mg, oral, 2 times daily, Post-op 2 tablet, oral, nightly, Post-op
(SENOKOT-S) 8.6-50 mg per tablet	z tablet, oral, highlity, Fost-op
(denotion of 0.0 so mg per tablet	
ntibiotics (Single Response)	
) Antibiotics - Neurosurgery - patients with surgica	l sito
drains	
1 Antibiotics: For Patients LESS than or EQUAL	to 120 kg
[] Antibiotics: For Patients LESS than or EQUAL [] cefazolin (ANCEE) IV - until drains removed	
Antibiotics: For Patients LESS than or EQUAL cefazolin (ANCEF) IV - until drains removed	1 g, intravenous, every 8 hours
	1 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis
	1 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specifi
-	1 g, intravenous, every 8 hours
[] cefazolin (ANCEF) IV - until drains removed	1 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specifi guidelines for surgical prophylaxis for the stop date/duration
[] cefazolin (ANCEF) IV - until drains removed	 1 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration 2 g, intravenous, every 12 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines
[] cefazolin (ANCEF) IV - until drains removed [] cefepime (MAXIPIME) IV	 1 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration 2 g, intravenous, every 12 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis
 [] cefazolin (ANCEF) IV - until drains removed [] cefepime (MAXIPIME) IV [] vancomycin 15 mg/kg IV + Pharmacy Consult 	 1 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration 2 g, intravenous, every 12 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis
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 [] cefazolin (ANCEF) IV - until drains removed [] cefepime (MAXIPIME) IV [] vancomycin 15 mg/kg IV + Pharmacy Consu Required) 	 1 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specif guidelines for surgical prophylaxis for the stop date/duration 2 g, intravenous, every 12 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specif guidelines for surgical prophylaxis for the stop date/duration It (Selection 15 mg/kg, intravenous, once, For 1 Doses On call to cath lab. Transport antibiotics with patient to cath lab and
 [] cefazolin (ANCEF) IV - until drains removed [] cefepime (MAXIPIME) IV [] vancomycin 15 mg/kg IV + Pharmacy Consu Required) 	 1 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specif guidelines for surgical prophylaxis for the stop date/duration 2 g, intravenous, every 12 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specif guidelines for surgical prophylaxis for the stop date/duration It (Selection 15 mg/kg, intravenous, once, For 1 Doses

[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
	Reason for Therapy: Surgical Prophylaxis
	Duration of Therapy (Days):
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration Indication: Implanted Device Prophylaxis
] Antibiotics: For Patients GREATER than 120 kg	
[] cefazolin (ANCEF) IV - until drains removed	1 g, intravenous, every 8 hours
	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
[] cefepime (MAXIPIME) IV	2 g, intravenous, every 12 hours
	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
 vancomycin 15 mg/kg IV + Pharmacy Consult Required) 	t (Selection
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses
	On call to cath lab. Transport antibiotics with patient to cath lab and
	administer prior to start of procedure
	Reason for Therapy: Surgical Prophylaxis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
	Reason for Therapy: Surgical Prophylaxis
	Duration of Therapy (Days):
	Surgical Prophylaxis: Please follow institutional and service line-specif
	guidelines for surgical prophylaxis for the stop date/duration
Antibiotics - Neurosurgery - patients withOUT sur	Indication: Implanted Device Prophylaxis
Antibiotics - Neurosurgery - patients withOOT surgery	yicai
site drains	•
site drains Antibiotics: For Patients LESS than or EQUAL	-
Antibiotics: For Patients LESS than or EQUAL	to 120 kg
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Antibiotics: For Patients LESS than or EQUAL	to 120 kg 2 g, intravenous, once, For 1 Doses Reason for Therapy: Surgical Prophylaxis
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 Antibiotics: For Patients LESS than or EQUAL [] cefazolin (ANCEF) IV - until drains removed [] cefepime (MAXIPIME) IV [] vancomycin 15 mg/kg IV + Pharmacy Consult Required) 	to 120 kg 2 g, intravenous, once, For 1 Doses Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration 2 g, intravenous, once, For 1 Doses Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration t (Selection 15 mg/kg, intravenous, once, For 1 Doses On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis STAT, Until discontinued, Starting S
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[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses
	On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure
	Reason for Therapy: Surgical Prophylaxis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
	Reason for Therapy: Surgical Prophylaxis
	Duration of Therapy (Days):
	Surgical Prophylaxis: Please follow institutional and service line-specifi
	guidelines for surgical prophylaxis for the stop date/duration Indication: Implanted Device Prophylaxis
Medications	
 benzocaine-menthol (CEPACOL MAX) lozenge 15 mg 	5-3.6 1 lozenge, buccal, PRN, sore throat, Post-op
 phenol 1.4 % (CHLORASEPTIC) spray - for patien cannot tolerate lozenges 	nts who 2 spray, Mouth/Throat, every 3 hours PRN, sore throat, Post-op
Muscle Relaxants (Single Response)	
 methocarbamol (ROBAXIN) 500 mg in sodium chl 0.9 % 100 mL IVPB 	oride 500 mg, intravenous, Administer over: 60 Minutes, every 8 hours PRN, muscle spasms, Post-op
() methocarbamol (ROBAXIN) tablet	500 mg, oral, every 8 hours PRN, muscle spasms, Post-op
() cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 8 hours PRN, muscle spasms, Post-op
Muscle Relaxants - Refractory Treatments (Single Avoid postoperative diazepam ? 65 years of age	Response)
() diazepam (VALIUM) injection	2.5 mg, intravenous, every 8 hours PRN, muscle spasms,
	inadequate muscle spasm relief following administration of
	other agents, Post-op
	Indication(s): Other
	Specify: Muscle Relaxant
() diazepam (VALIUM) tablet	2.5 mg, oral, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op
	Indication(s): Other Specify: Muscle Relaxant
Antiemetics	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Requ	
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) IV or Oral or Rectal	
[] promethazine (PHENERGÁN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
 scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg days) - For Patients LESS than 65 years old 	over 3 1 patch, transdermal, Administer over: 72 Hours, every 72 hours, Post-op
PRN Medications - Symptom Management	
[X] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op
[] Itching - Neurosurgery medications (Single Respon	
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() cetirizine (ZyrTEC) tablet 5 mg, c	oral, daily PRN, itching, Post-op
	g, intravenous, every 12 hours PRN, itching, Post-op
PRN Medications - Bowel Management	
] magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation, Post-op
] bisacodyl (DULCOLAX) EC tablet	5 mg, oral, daily PRN, constipation, Post-op
] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op
magnesium citrate solution	150 mL, oral, daily PRN, constipation, For 2 Doses, Post-op
PRN Medications - Bowel Management	
] saline,mineral oil,glycerin (S.M.O.G.) enema	180 mL, rectal, once, Post-op
PRN Medications - Pain - Pain Score (1-3) (Single Respon	se)
) acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, mild pain (score 1-3), Post-op
) traMADol (ULTRAM) tablet	25 mg, oral, every 4 hours PRN, mild pain (score 1-3), Post-op
	Maximum Daily Dose: 200 mg/day Allowance for Patient Preference:
	Allowance for Patient Preference.
PRN Medications - Pain - Pain Score (4-6) (Single Respon	-
) HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Post-op
	Allowance for Patient Preference:
) acetaminophen-codeine (TYLENOL #3) 300-30 mg per	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6)
tablet	Post-op
	The use of codeine-containing products is contraindicated in
	patients LESS THAN 12 years of age. Is this patient OVER 1
	years of age? Y/N:
	Allowance for Patient Preference:
) traMADol (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6),
	Post-op
	Maximum Daily Dose: 200 mg/day Allowance for Patient Preference:
PRN Medications - Pain - Pain Score (7-10) (Single Respo	nse)
) HYDROcodone-acetaminophen (NORCO) 5-325 mg per	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10),
tablet	Post-op
	Allowance for Patient Preference:
) acetaminophen-codeine (TYLENOL #3) 300-30 mg per	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10),
tablet	Post-op
	The use of codeine-containing products is contraindicated in
	patients LESS THAN 12 years of age. Is this patient OVER 1
	years of age? Y/N: Allowance for Patient Preference:
	25 mcg, intravenous, every 2 hour PRN, severe pain (score
) forsto NIVI (CLIDI IMA ZE) inicitian	25 MCA INTRAVENOUS EVERY 2 NOUL PRINTSEVERE DAIN (SCOLE
) fentaNYL (SUBLIMAZE) injection	
) fentaNYL (SUBLIMAZE) injection	7-10), Post-op
	7-10), Post-op Allowance for Patient Preference:
 fentaNYL (SUBLIMAZE) injection morPHINE injection 	7-10), Post-opAllowance for Patient Preference:2 mg, intravenous, every 3 hours PRN, severe pain (score
	 7-10), Post-op Allowance for Patient Preference: 2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
	7-10), Post-opAllowance for Patient Preference:2 mg, intravenous, every 3 hours PRN, severe pain (score
) morPHINE injection	 7-10), Post-op Allowance for Patient Preference: 2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Allowance for Patient Preference: 0.5 mg, intravenous, every 3 hours PRN, severe pain (score

Nursing PCA Orders

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

<u> </u>		
.,	hydromorPHONE (DILAUDID) 15 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout: 10 Minutes MAX (Four hour dose limit): 3 mg intravenous, continuous
	INGING	For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours
		as needed. If pain persists, may increase PCA demand dose by *** mg
		ONCE. If more than 2 bolus doses in 12 hours or if pain persists after
		increase in demand dose, call ordering prescriber.
		Adjust doses for age, renal function or other factors.
	Nursing PCA Orders Vital signs - T/P/R/BP	Routine, Per unit protocol
[]		- Initially and every 30 minutes for 1 hour after PCA started, bolus
	administration or dose change; then	
		- Every hour x 2 starting second hour after PCA started, bolus
		administered or dose change; then
	- Every 4 hours until PCA therapy is discontinued.	
<u>, 1</u>	PCA Documentation	- Immediately following PCA administration tubing change Routine, Every 12 hours
[]	PCA Documentation	At the beginning (or end of each shift), prior to clearing PCA pump data,
		the following must be documented: doses delivered, number of attempts
		total amount of medication infused (in mg or mcg), and volume
		remaining in syringe (residual volume).
[]	Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences
		Patient/Family:
		Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA
		by proxy. Only the patient may press the dosing button.
[]	Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S
	·	Assess POSS while patient has an active PCA order. Contact provider i
		score 3 or 4.
[]	Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion
		discontinued for any reason - Inadequate analgesia
		 Prior to administration of any other narcotics, antiemetics, or
		sedatives other than those ordered by the prescriber responsible for IV
		PCA therapy
		 PCA pump discontinued by any service other than the prescribe
		responsible for IV PCA therapy
	Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute
	physician and/or CERT team for any of the following:	or less - Severe and/or recent confusion or disorientation
	Tonowing.	
	U U	
	Ū	 POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90)
	U U U U U U U U U U U U U U U U U U U	 POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting
[] []	V Fluids for provision of PCA Therapy (Single	 POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90)
F	V Fluids for provision of PCA Therapy (Single Response)	 POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting Urinary retention
F	V Fluids for provision of PCA Therapy (Single Response) sodium chloride 0.9 % infusion	 POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting Urinary retention 30 mL/hr, intravenous, continuous
F () ()	V Fluids for provision of PCA Therapy (Single Response) sodium chloride 0.9 % infusion dextrose 5% infusion	 POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting Urinary retention 30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous
F () () mor	V Fluids for provision of PCA Therapy (Single Response) sodium chloride 0.9 % infusion dextrose 5% infusion rPHINE PCA 30 mg/30 mL + Nursing PCA Ord	 POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting Urinary retention 30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous ers
F () () mor [] n	V Fluids for provision of PCA Therapy (Single Response) sodium chloride 0.9 % infusion dextrose 5% infusion rPHINE PCA 30 mg/30 mL + Nursing PCA Ord norPHINE PCA 30 mg/30 mL (Single Response	 POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting Urinary retention 30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous ers e)
F () () mor [] n ()	V Fluids for provision of PCA Therapy (Single Response) sodium chloride 0.9 % infusion dextrose 5% infusion rPHINE PCA 30 mg/30 mL + Nursing PCA Ord morPHINE PCA 30 mg/30 mL (Single Response morPHINE PCA 30 mg/30 mL in sodium	 POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting Urinary retention 30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous ers e) Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout
F () () mor [] n ()	V Fluids for provision of PCA Therapy (Single Response) sodium chloride 0.9 % infusion dextrose 5% infusion rPHINE PCA 30 mg/30 mL + Nursing PCA Ord norPHINE PCA 30 mg/30 mL (Single Response	 POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting Urinary retention 30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous ers e)
F () () mor [] n ()	V Fluids for provision of PCA Therapy (Single Response) sodium chloride 0.9 % infusion dextrose 5% infusion rPHINE PCA 30 mg/30 mL + Nursing PCA Ord morPHINE PCA 30 mg/30 mL (Single Response morPHINE PCA 30 mg/30 mL in sodium	 POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting Urinary retention 30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous ers e) Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 20 mg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute
F () () mor [] n ()	V Fluids for provision of PCA Therapy (Single Response) sodium chloride 0.9 % infusion dextrose 5% infusion rPHINE PCA 30 mg/30 mL + Nursing PCA Ord morPHINE PCA 30 mg/30 mL (Single Response morPHINE PCA 30 mg/30 mL in sodium	 POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting Urinary retention 30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous ers Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 20 mg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours
F () () mor [] n ()	V Fluids for provision of PCA Therapy (Single Response) sodium chloride 0.9 % infusion dextrose 5% infusion rPHINE PCA 30 mg/30 mL + Nursing PCA Ord morPHINE PCA 30 mg/30 mL (Single Response morPHINE PCA 30 mg/30 mL in sodium	 POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting Urinary retention 30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous ers Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 20 mg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg
F () () mor [] n ()	V Fluids for provision of PCA Therapy (Single Response) sodium chloride 0.9 % infusion dextrose 5% infusion rPHINE PCA 30 mg/30 mL + Nursing PCA Ord morPHINE PCA 30 mg/30 mL (Single Response morPHINE PCA 30 mg/30 mL in sodium	 POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting Urinary retention 30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous ers e) Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 20 mg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after
F () () mor [] n ()	V Fluids for provision of PCA Therapy (Single Response) sodium chloride 0.9 % infusion dextrose 5% infusion rPHINE PCA 30 mg/30 mL + Nursing PCA Ord morPHINE PCA 30 mg/30 mL (Single Response morPHINE PCA 30 mg/30 mL in sodium	 POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting Urinary retention 30 mL/hr, intravenous, continuous 30 mL/hr, intravenous, continuous ers Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 20 mg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg

[] Vital signs - T/P/R/BP	Routine, Per unit protocol
	- Initially and every 30 minutes for 1 hour after PCA started, bolus
	administration or dose change; then
	- Every hour x 2 starting second hour after PCA started, bolus
	administered or dose change; then
	- Every 4 hours until PCA therapy is discontinued.
	- Immediately following PCA administration tubing change
[] PCA Documentation	Routine, Every 12 hours
	At the beginning (or end of each shift), prior to clearing PCA pump data,
	the following must be documented: doses delivered, number of attempts
	total amount of medication infused (in mg or mcg), and volume
	remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences
	Patient/Family:
	Education for: Pain pump
	Provide patient education on appropriate use of PCA including no PCA
	by proxy. Only the patient may press the dosing button.
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S
	Assess POSS while patient has an active PCA order. Contact provider if
	score 3 or 4.
[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion
	discontinued for any reason
	- Inadequate analgesia
	 Prior to administration of any other narcotics, antiemetics, or
	sedatives other than those ordered by the prescriber responsible for IV
	PCA therapy
	 PCA pump discontinued by any service other than the prescribe
	responsible for IV PCA therapy
 Stop the PCA pump and call ordering 	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute
physician and/or CERT team for any of the	or less
following:	 Severe and/or recent confusion or disorientation
	 POSS sedation level 4: Somnolent and difficult to arouse
	 Sustained hypotension (SBP less than 90)
	 Excessive nausea or vomiting
	- Urinary retention
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
CA Medications - HMSJ Only (Single Response)	
fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL +	
Nursing PCA Orders	
[] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL	(Single
Response)	(0
() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL	Nurse Loading Dose: Not Ordered PCA Dose: 10
PCA solution for Opioid Naive	mcg Lockout: 10 Minutes Four Hour Dose Limit: 150 mcg
PCA solution for Opioid Naive	intravenous, continuous
	For breakthrough pain: Administer only if respiratory rate 12 per minute
	or more and POSS level of 2 or less. RN may bolus *** every *** hours
	as needed. If pain persists, may increase PCA demand dose by *** mcg
	ONCE. If more than 2 bolus doses in 12 hours or if pain persists after
	increase in demand dose, call ordering prescriber.
	Adjust doses for age, renal function or other factors.
[] Nursing PCA Orders	
[] Vital signs - T/P/R/BP	Routine, Per unit protocol
	- Initially and every 30 minutes for 1 hour after PCA started, bolus
	administration or dose change; then
	- Every hour x 2 starting second hour after PCA started, bolus
	administered or dose change; then
	- Every 4 hours until PCA therapy is discontinued.
	- Immediately following PCA administration tubing change
nted on 1/12/2024 at 11:37 AM from SUP	Page 13 of 3
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[] PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button.
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4.
[] Notify Physician	 Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
 () dextrose 5% infusion) hydromorPHONE PCA (DILAUDID) 30 mg/30 mL - Nursing PCA Orders [] hydromorPHONE PCA (DILAUDID) 30 mg/30 m Response) 	
 () hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive 	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout Interval: 10 Minutes MAX (Four hour dose limit): 3 mg intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. RN may bolus *** every *** hours as needed. If pain persists, may increase PCA demand dose by *** mg ONCE. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber.
1 Nursing DCA Ordere	Adjust doses for age, renal function or other factors.
[] Nursing PCA Orders [] Vital signs - T/P/R/BP	 Routine, Per unit protocol Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then Every 4 hours until PCA therapy is discontinued. Immediately following PCA administration tubing change
[] PCA Documentation	Routine, Every 12 hours At the beginning (or end of each shift), prior to clearing PCA pump data, the following must be documented: doses delivered, number of attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume).

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

[] Notify Physician	 Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	responsible for IV PCA therapy Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
Respiratory Depression and Somnolence	
[X] naloxone (NARCAN) injection	 0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3). Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.
VTE	
VTE Risk and Prophylaxis Tool (Single Response) Low Risk Definition Moderate Risk Definition	(Selection Required)
	echanical prophylaxis is optional unless pharmacologic is
contraindicated. High Risk Definition	
Both pharmacologic AND mechanical prophylaxis r	nust 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)

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

() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() LOW Risk of VTE (Selection Required)	
[] Low Risk (Single Response) (Selection Required)	d)
() 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 Rec	
[] Moderate Risk (Selection Required)	· · · ·
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	urgical
 Contraindications exist for pharmacologic prop BUT order Sequential compression device 	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic prop	hylaxis "And" Linked Panel
AND mechanical prophylaxis	·
[] 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	onse)
(Selection Required)	
Patient renal status: @CRCL@	
Ear patients with CrCLCREATER than or EOU	At to 20ml /min, anavanaria orders will easily 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	
GREATER THAN OF EQUAL to 140kg enough	ann 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op
	Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	
[] 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.
	procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
	This patient has a history of or suspected case of Heparin-Induced
() heparin (porcine) injection	

() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU &
with weight GREATER than 100 kg	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) (Sel Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 Place/Maintain sequential compression device continuous 	Routine, Continuous, PACU & Post-op
 MODERATE Risk of VTE - Non-Surgical (Selection Required) 	n
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis -	Routine, Once, PACU & Post-op
 [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) 	ion
() Contraindications exist for pharmacologic prop Order Sequential compression device	hylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic prop 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):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	PACU & Post-op ponse)
Patient renal status: @CRCL@	
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	arın 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m	
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 CrCI 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	and/or transfusion
() High bleed risk	5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency:
() Not high bleed risk (Single Response)	Indication for lower dosernequency.
() 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) (Sele Required)	ection
) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 Place/Maintain sequential compression device continuous 	Routine, Continuous, PACU & Post-op
IGH Risk of VTE - Surgical (Selection Required)	
High Risk (Selection Required)	
High risk of VTE	Routine, Once, PACU & Post-op
High Risk Pharmacological Prophylaxis - Surgic (Single Response) (Selection Required)	al Patient
Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

(

Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily	UAL to 30mL/min, enoxaparin orders will apply the following recommended
100 to 139kg enoxaparin 30mg every 12 hour	
GREATER THAN or EQUAL to 140kg enoxap	Darin 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 I	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 CrCI 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g.	Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS
5 5 5 7 7	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
······································	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	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response) (Se	
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
HIGH Risk of VTE - Non-Surgical (Selection Requ	uired)
High Risk (Selection Required)	
] High risk of VTE	Routine, Once, PACU & Post-op
] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
LL	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	
() enovapatin (LOVENOX) injection (Single Res (Selection Required)	

(Selection Required)

(

For patients with CrCl GREATER than or EQU doses by weight: Weight Dose	JAL to 30mL/min, enoxaparin orders will apply the following recommended
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hour	S
GREATER THAN or EQUAL to 140kg enoxap	barin 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
() For CrCI GREATER than or EQUAL TO 30 r	mL/min -
enoxaparin (LOVENOX) subcutaneous	subcutaneous, PACU & Post-op
	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this 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.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op
() Pharmacy consult to manage warfarin	Indication: STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
] Mechanical Prophylaxis (Single Response) (Se	election
Required)	
Required) () Contraindications exist for mechanical	Routine, Once
Required)	
Required) () Contraindications exist for mechanical	No mechanical VTE prophylaxis due to the following contraindication(s
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Hip/Knee) (Selectio	No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Hip/Knee) (Selectio Required)	No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Hip/Knee) (Selectio Required)] High Risk (Selection Required)	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Routine, Continuous, PACU & Post-op
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Hip/Knee) (Selectio Required)] High Risk (Selection Required) [] High risk of VTE	No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op n Routine, Once, PACU & Post-op
 Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Hip/Knee) (Selectio Required) [] High Risk (Selection Required) [] High risk of VTE] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Response) 	No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op n Routine, Once, PACU & Post-op r Knee
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Hip/Knee) (Selectio Required)] High Risk (Selection Required) [] High Risk of VTE] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required)	No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op n Routine, Once, PACU & Post-op r Knee
 Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Hip/Knee) (Selectio Required) [] High Risk (Selection Required) [] High risk of VTE] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Response) 	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Routine, Continuous, PACU & Post-op n Routine, Once, PACU & Post-op r Knee se)
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Hip/Knee) (Selectio Required)] High Risk (Selection Required) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic	No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op n Routine, Once, PACU & Post-op r Knee se) Routine, Once
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Hip/Knee) (Selectio Required)] High Risk (Selection Required) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Routine, Continuous, PACU & Post-op n Routine, Once, PACU & Post-op r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following
 Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Hip/Knee) (Selectio Required) [] High Risk (Selection Required) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet 	No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op n Routine, Once, PACU & Post-op r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Hip/Knee) (Selectio Required)] High Risk (Selection Required) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet	No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op n Routine, Once, PACU & Post-op r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Hip/Knee) (Selectio Required)] High Risk (Selection Required) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Reduced tablet	No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op n Routine, Once, PACU & Post-op r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Hip/Knee) (Selectio Required)] High Risk (Selection Required) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Routine, Continuous, PACU & Post-op n Routine, Once, PACU & Post-op r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Hip/Knee) (Selectio Required)] High Risk (Selection Required) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Reguired)	No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op n Routine, Once, PACU & Post-op r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op Required) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Hip/Knee) (Selectio Required)] High Risk (Selection Required) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Reduced tablet	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Routine, Continuous, PACU & Post-op n Routine, Once, PACU & Post-op r Knee Se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis

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

VTE Risk and Prophylaxis Tool (Single Response)

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	Iung disease, pneumonia, active inflammation, dehydration, varicose matologic disease, sickle cell disease, leg swelling, ulcers, venous or V Leiden, prothrombin variant mutations, anticardiolipin antibody iency; hyperhomocysteinemia; myeloproliferative disorders) leg ijor traumas s Abdominal or pelvic surgery for CANCER
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 Stratific (Single Response) (Selection Required) 	cation
 Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (S 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 F	
 () 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 of therapeutic anticoagulant or VTE prophylaxis (S Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single F	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 therapeutic anticoagulant or VTE prophylaxis (S Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op

1. Deficient ourrepathy has an active order for	Pouting Once
] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
] Place sequential compression device (Single	PACU & Post-op Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
High Risk - Patient currently has an active orde	r for
therapeutic anticoagulant or VTE prophylaxis (Required)	
] High risk of VTE	Routine, Once, PACU & Post-op
] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	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
ρισμημαλίο	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	Rouine, Continuous, PACO & Post-op
OW Risk of VTE (Selection Required)	
Low Risk (Single Response) (Selection Require	
)Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encour
	early ambulation
AODEDATE Disk of VITE _ Currisol (Coloction Do	PACU & Post-op
MODERATE Risk of VTE - Surgical (Selection Re	equired)
Moderate Risk (Selection Required)	
] Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required	
) Contraindications exist for pharmacologic prop BUT order Sequential compression device	ohylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) Contraindications exist for pharmacologic prop AND mechanical prophylaxis	ohylaxis "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

Patient renal status: @CRCL@	
For patients with CrCI GREATER than or FOI	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 enoxap	
() 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
() For CrCl GREATER than or EQUAL TO 30 r	Indication(s): nL/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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g.	Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS
	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU &
with weight GREATER than 100 kg	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)	lection
() 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
 MODERATE Risk of VTE - Non-Surgical (Selectic Required) 	n
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Selec Required)	tion
 Contraindications exist for pharmacologic prop Order Sequential compression device 	bhylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
F	contraindication(s):
	PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	bhylaxis "And" Linked Panel

[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	PACU & Post-op Routine, Once 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 GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa	
() For CrCI LESS than 30mL/min - enoxaparin ((LOVENOX)
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op
() For CrCl GREATER than or EQUAL TO 30 m	Indication(s):
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
() boparin (Single Personae)	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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (Single Response) High Risk Bleeding Characteristics	
Age > 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment	
Plt count < 100 K/uL	
Dual antiplatelet therapy	
Active cancer Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage	
Prior ischemic stroke	
History of bleeding event requiring admission a	and/or transfusion
Chronic use of NSAIDs/steroids	
Active GI ulcer	
() High bleed risk	5,000 Units, subcutaneous, every 12 hours
	5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency:
() Not high bleed risk (Single Response)	Indication for lower dose/frequency:
 () Not high bleed risk (Single Response) () Wt > 100 kg 	Indication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours
 () Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg 	Indication for lower dose/frequency:
 () Not high bleed risk (Single Response) () Wt > 100 kg 	Indication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 8 hours oral, daily at 1700
 Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult 	Indication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 8 hours
 Not high bleed risk (Single Response) Wt > 100 kg Wt LESS than or equal to 100 kg warfarin (COUMADIN) (Single Response) 	Indication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 8 hours oral, daily at 1700

[] warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
] Mechanical Prophylaxis (Single Response) (Se Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
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)	
() 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)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily	JAL to 30mL/min, enoxaparin orders will apply the following recommended
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[1] High risk of VTE Routine, Once, PACU & Post-op High Risk Pharmacological Prophylaxis - Non-Surgical Prophylaxis Generation Required) (1) Contraindications exist for pharmacologic prophylaxis due to the following contraindication(s): PACU & Post-op No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op (2) 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 (1) For CrCL LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s): (1) For CrCL GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous subcutaneous, daily, PACU & Post-op Indication(s): (2) For CrCL GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous subcutaneous, daily, PACU & Post-op Indication(s): (3) Fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, PACU & Post-op Indication(s): (4) Forder (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight - 5000 Units, subcutaneous, every 8 hours, PACU & Post-op (5) fondaparinux (ARIXTRA) injection	· · ·	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
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[] High risk of VTE Routine, Once, PACU & Post-op Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic Routine, Once () Contraindications exist for pharmacologic 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 CrCI GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended dose by weight: Weight Dose () For CrCI LESS than 30mL/min - enoxaparin 40mg daily t00 to 138kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours () For CrCI LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous, daily at 1700, PACU & Post-op Indication(s): 1 () For CrCI CREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) injection Subcutaneous, daily, PACU & Post-op Indication(s): 1 () For CrCI CREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) injection Subcutaneous, exery 12 hours, PACU & Post-op Indication(s): 1 () For CrCI CREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) injection Subcutaneous, every 8 hours, PACU & Post-op Indication (s): 1 () For CrCI CREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) injection Subcutaneous, every 8 hours, PACU & Post-op Indication (s): 1 () For Cr	HIG	H Risk of VTE - Non-Surgical (Selection Requir	red)
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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: () Mechanical Prophylaxis (Single Response) (Selection Required) 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) Routine, Continuous, PACU & Post-op High Risk (Selection Required) High Risk (Selection Required)			· · · · · · · · ·
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Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication:] Mechanical Prophylaxis (Single Response) (Selection Required) Indication: () 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) Routine, Continuous, PACU & Post-op] High Risk (Selection Required) High Risk (Selection Required)			
(COUMADIN) Indication: Mechanical Prophylaxis (Single Response) (Selection Required) 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) Routine, Continuous, PACU & Post-op Indication: Indication: High Risk (Selection Required) Indication:			Indication:
Required) 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) Required) High Risk (Selection Required) High Risk (Selection Required)		(COUMADIN)	Indication:
prophylaxis No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op () Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required) Relection Required) I High Risk (Selection Required) Image: Continuous of the prophylaxis due to the following contraindication(s): PACU & Post-op	R	equired)	
device continuous HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required)] High Risk (Selection Required)		prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Required)] High Risk (Selection Required)		device continuous	Routine, Continuous, PACU & Post-op
	Req	uired)	
	-		

High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required)	se)
) 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	
[] 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@	
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):
() For CrCl GREATER than or EQUAL TO 30 r 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 CrCI 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	STAT, Until discontinued, Starting S

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

device continuous

Labs

Laboratory	
[] Type and screen	Once, PACU & Post-op
[] Hemoglobin and hematocrit	Once
	In Recovery room., PACU & Post-op
[] Basic metabolic panel	Once, PACU & Post-op
[] CBC with platelet and differential	Once, PACU & Post-op
[] Partial thromboplastin time	Once, PACU & Post-op
Prothrombin time with INR	Once, PACU & Post-op
[] Calcium level	Once, PACU & Post-op
[] Magnesium level	Once, PACU & Post-op
[] Phosphorus level	Once, PACU & Post-op
[] Blood gas, arterial	Once, PACU & Post-op
[] Urinalysis screen and microscopy, with reflex to culture	Once
	Specimen Source: Urine
	Specimen Site:
	PACU & Post-op
Labs - AM	
[] Basic metabolic panel	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
[] CBC with platelet and differential	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op

Labs - AM Daily x 3

[] Partial thromboplastin time

[] Prothrombin time with INR

[] Hemoglobin

AM draw repeats For 3 Occurrences, PACU & Post-op

AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op

AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op

Imaging	
СТ	
[] CT Cervical Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] CT Thoracic Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
X-ray	
[] Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] Chest 1 Vw Portable in AM	Routine, 1 time imaging, Starting S+1 For 1, PACU & Post-op
[] XR Spine Scoliosis 2-3 Views	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Please add 32 millimeter image calibration necklace to the field of view., PACU & Post-op
[] Cervical Spine 2 Or 3 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op

Respiratory

Respiratory

[X] Oxygen therapy - Simple face mask	Routine, Continuous
	Device: Simple Face Mask
	Rate in liters per minute: 6 Lpm
	Rate in tenths of a liter per minute:
	O2 %:
	Titrate to keep O2 Sat Above: 92%
	Indications for O2 therapy: Immediate post-op period
	Device 2:
	Device 3:
	Wean prn., PACU & Post-op
[] Incentive spirometry	Routine, Once, PACU & Post-op
Mechanical ventilation	Routine, PACU & Post-op
	Mechanical Ventilation:
	Vent Management Strategies: Adult Respiratory Ventilator
	Protocol

Consults For Physician Consult orders use sidebar

Ancillary Consults

[] Consult to Case Management	Consult Reason: PACU & Post-op
[] Consult to Social Work	Reason for Consult: PACU & Post-op
[X] Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Post Neuromuscular or Musculoskeletal Surgery Care. 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: PACU & Post-op
[] Consult to PT Wound Care Eval and Treat	Special Instructions: Location of Wound? PACU & Post-op
[X] Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming) 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: PACU & Post-op
[] Consult to Nutrition Services	Reason For Consult? Purpose/Topic: PACU & Post-op
[] Consult to Spiritual Care	Reason for consult? PACU & Post-op
[] Consult to Speech Language Pathology	Routine, Once Reason for consult: PACU & Post-op
[] Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult: PACU & Post-op
[] Consult to Respiratory Therapy	Reason for Consult? Post neuromuscular or musculoskeletal surgery care PACU & Post-op

Physician Consults	
[] Consult Intensive Care	Reason for Consult? Decline in ADL performance from baseline Patient/Clinical information communicated? Telephone Patient/clinical information communicated? Telephone PACU & Post-op
[] Consult Physical Medicine Rehab	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? PACU & Post-op