Neuro Lumbar Fusion Post-Op [1830]

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	1 00t 0p
[] 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
Destructive Chronic Bronchitis with Exacerbation	Post-op
Other Alteration of Consciousness	Post-op
Defects 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 Mention of Complication, Not Stated as Uncontrolled	Post-op
[] Urinary Tract Infection, Site Not Specified	Post-op
Elective Outpatient, Observation, or Admission (Single R	Response)
() Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
	PACU & Post-op
() Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
() Al 24 L 2 4	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 Response)	

Patient has active outpatient status order on file	
() Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
() Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Admission (Single Response) Patient has active status order on file	
() Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file	Routine, Until discontinued, Starting S, Scheduling/ADT
() 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	

[] Consult to Palliative Care Service	Priority Reasor Order?	: n for Consult?
	Name o	of referring provider:
[] Consult to Social Work		all back number: for Consult:
••	Post-op	
) Modified Code		Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: Post-op
) Treatment Restrictions ((For use when a patient in a cardiopulmonary arrest))	is 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
solation		
] Airborne isolation status		
Airborne isolation status	Details	
 Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. 	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:
1. Latery presentions		PACU & Post-op
Latex precautions		PACU & Post-op Increased observation level needed:
] Seizure precautions		PACU & Post-op
] Spinal precautions		PACU & Post-op
Nursing		
/ital Signs		
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
] Activity as tolerated		Routine, Until discontinued, Starting S
		Specify: Activity as tolerated
1. Up with againtages		PACU & Post-op
] Up with assistance		Routine, Until discontinued, Starting S Specify: Up with assistance
		PACU & Post-op
] Up in chair for meals		Routine, Until discontinued, Starting S
1 -1		Specify: Up in chair
		Additional modifier: for meals
		Up in chair for all meals, PACU & Post-op
] 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	
[] Telemetry	"And" Linked Panel
[] Telemetry monitoring	Routine, Continuous For 3 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
	PACU & Post-op
[] Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94 PACU & Post-op
[X] Assess operative site	Routine, Every 8 hours, PACU & Post-op
[X] Assess for nausea	Routine, Every 4 hours Assess: for Nausea PACU & Post-op
[X] Neurological assessment	Routine, Every 4 hours Assessment to Perform: Spinal exams Perform: Motor exam of extremities, Sensory exam of extremities Area: Lower PACU & Post-op
Peripheral vascular assessment	Routine, Once, PACU & Post-op
[X] Assess pain	Routine, Every 4 hours Assess: pain PACU & Post-op
[X] Intake and output	Routine, Every shift, PACU & Post-op
[X] Height and weight	Routine, Once For 1 Occurrences On admission, PACU & Post-op
[] Assess cath site	Routine, Once, PACU & Post-op
[] Surgical/incision site care	Routine, Once Location: Site: Apply: Dressing Type: Open to air? PACU & Post-op
[] Reinforce dressing	Routine, As needed Reinforce with: If saturated., PACU & Post-op

[X] Drain care	Routine, Until discontinued, Starting S
	Drain 1: Hemovac
	Drain 2:
	Drain 3:
	Drain 4:
	All Drains:
	Specify location:
	Drainage/Suction: To Compression (Bulb) Suction, Other
	(specify)
	Flush drain with:
	Specify: To Compression suction for 2 hours and Gravity for
	2 hours:
	PACU & Post-op
Drain care	Routine, Until discontinued, Starting S
	Drain 1: Hemovac
	Specify location:
	Drainage/Suction: To Compression (Bulb) Suction,Other
	(specify)
	Specify: To Compression suction for 1 hour and Gravity for 3
	hours
	Flush drain with:
	Drain 2:
	Drain 3:
	Drain 4:
	All Drains:
	PACU & Post-op
[] Lumbar drain care	Routine, Until discontinued, Starting S
	Lumbar drain mgmt:
	PACU & Post-op
[] Place antiembolic stockings	Routine, Once, PACU & Post-op
[] Straight cath	Routine, Every 6 hours
[] Straight Saut	If unable to void after second attempt, insert Foley and call
	physician., PACU & Post-op
[X] Insert/Maintain Foley and Notify	physician, i rico a root op
[X] Insert Foley catheter	Routine, Once
[A] Insert Foley Cameter	
	Type:
	Size:
	Urinometer needed:
	Indication:
	If unable to void after second attempt at straight cath, insert Foley and call
	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	Routine, Until discontinued, Starting S, PACU & Post-op
second attempt at straight cath and Foley	· ·
inserted	
[X] Bladder scan	Routine, Once
[rq Bladder ddan	For patients GREATER than 50 years old. If s/p post first void
	residual is GREATER than 300 mL with bladder scan, contact
	physician.
II TI CO Proce	
[] TLSO Brace	Routine, Until discontinued, Starting S
	Left/Right:
	Gender Size:
	Sizes:
	Obtain from orthotic provider., PACU & Post-op
[] Patient position: lumbar sacral support	Routine, Until discontinued, Starting S
	Position:
	Additional instructions: lumbar sacral support
	Obtain from orthotic provider, PACU & Post-op
	Obtain nom orthodic browder. FACO & Fost-ob
[1] Call Raborn Orthotics at 713-349-8117 for applic	
[] Call Raborn Orthotics at 713-349-8117 for applic orthotic device	·

[X] No anticoagulants INcluding UNfractionated heparin	Routine, Until discontinued, Starting S
[73] 140 anticoagularita intoluding offinactionated hepatiff	Reason for "No" order: High risk for bleeding PACU & Post-op
[X] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S
	Reason for "No" order: High risk for bleeding PACU & Post-op
Notify	
[X] Notify Physician if acute change in neurological status	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician for itching refractory to available medication	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician if bleeding at site	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician of No Bowel Movement for more than 72 hours	Routine, Until discontinued, Starting S, PACU & Post-op
Diet	
[X] 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:
[] Diet - Full liquids	PACU & Post-op 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:
Diet - Heart healthy	PACU & Post-op Diet effective now, Starting S
[] Diet - Heart healthy	Diet(s): Heart Healthy
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid: PACU & Post-op
[] Diet - 2000 Kcal/225 gm Carb	Diet effective now, Starting S
[1] Diet 2000 Nouv220 gill Oalb	Diet(s): 2000 Kcal/225 gm Carbohydrate
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid: PACU & Post-op
I	i noo a i ost-op

[] Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction: Foods to Avoid:
	Foods to Avoid:
	PACU & Post-op
Education	
K] 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	·
V 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 potassium chloride 20 mEq/L infusion - for NPO Patients	intravenous, continuous, Post-op
Medications	
Steroids (Single Response)	
) dexamethasone (DECADRON) IV	4 mg, intravenous, every 6 hours scheduled, Post-op
) methylPREDNISolone sodium succinate (Solu-MEDROL) injection	40 mg, intravenous, every 6 hours scheduled, Post-op
() methylPREDNISolone (MEDROL PAK) dose pack (start in AM)	
THIS A PANEL. DO NOT EDIT.	
[] methylPREDNISolone (MEDROL) tablet 8 mg, or	ral, before breakfast - one time, For 1 Doses, Post-op
	al, 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-op
[] 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
Medications	
[] 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 chloride 0.9 % 10 mL injection	40 mg, intravenous, daily at 0600, Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
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 Response	·
Avoid diphenhydramine use in patients over 70 y	ears old when possible.
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
() diphenhydrAMINE (BENADRYL) injection	12.5 mg, intravenous, every 12 hours PRN, itching, Post-op
Medications - Bowel Management	
[X] polyethylene glycol (MIRALAX) packet	17 g, oral, 2 times daily, Post-op
[X] Stool Softener Options (Single Response)	
(X) docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily, Post-op
() sennosides-docusate sodium	
(SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly, Post-op
(SENOKOT-S) 8.6-50 mg per tablet Antibiotics (Single Response)	
(SENOKOT-S) 8.6-50 mg per tablet Antibiotics (Single Response) () Antibiotics - Neurosurgery - patients with surgical drains	I site
(SENOKOT-S) 8.6-50 mg per tablet Antibiotics (Single Response) () Antibiotics - Neurosurgery - patients with surgical drains [] Antibiotics: For Patients LESS than or EQUAL	I site to 120 kg
(SENOKOT-S) 8.6-50 mg per tablet Antibiotics (Single Response) () Antibiotics - Neurosurgery - patients with surgical drains	to 120 kg 1 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific
(SENOKOT-S) 8.6-50 mg per tablet Antibiotics (Single Response) () Antibiotics - Neurosurgery - patients with surgical drains [] Antibiotics: For Patients LESS than or EQUAL	to 120 kg 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
(SENOKOT-S) 8.6-50 mg per tablet Antibiotics (Single Response) () Antibiotics - Neurosurgery - patients with surgical drains [] Antibiotics: For Patients LESS than or EQUAL [] cefazolin (ANCEF) IV - until drains removed	to 120 kg 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
(SENOKOT-S) 8.6-50 mg per tablet Antibiotics (Single Response) () Antibiotics - Neurosurgery - patients with surgical drains [] Antibiotics: For Patients LESS than or EQUAL [] cefazolin (ANCEF) IV - until drains removed [] cefepime (MAXIPIME) IV	to 120 kg 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 for the stop date/duration
(SENOKOT-S) 8.6-50 mg per tablet Antibiotics (Single Response) () Antibiotics - Neurosurgery - patients with surgical drains [] Antibiotics: For Patients LESS than or EQUAL [] cefazolin (ANCEF) IV - until drains removed [] cefepime (MAXIPIME) IV	to 120 kg 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 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 administer prior to start of procedure
(SENOKOT-S) 8.6-50 mg per tablet Antibiotics (Single Response) () Antibiotics - Neurosurgery - patients with surgical drains [] Antibiotics: For Patients LESS than or EQUAL [] cefazolin (ANCEF) IV - until drains removed [] cefepime (MAXIPIME) IV [] vancomycin 15 mg/kg IV + Pharmacy Consul Required)	to 120 kg 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 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

II(cII. (ANOFE) IV(I. I)	A
[] 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
[1] ************************************	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)	(00.000.00)
[] 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-specific
	guidelines for surgical prophylaxis for the stop date/duration
	Indication: Implanted Device Prophylaxis
Antibiotics - Neurosurgery - patients withOUT surg	gical
site drains Antibiotics: For Patients LESS than or EQUAL t	to 120 kg
[] cefazolin (ANCEF) IV - until drains removed	2 g, intravenous, once, For 1 Doses
[] Celazolli (ANCLI) IV - unul dialiis lemoved	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
[] asfariras (NAAVIDINAEVIV	guidelines for surgical prophylaxis for the stop date/duration
[] cefepime (MAXIPIME) IV	2 g, intravenous, once, For 1 Doses
	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
[] vancomycin 15 mg/kg IV + Pharmacy Consult	guidelines for surgical prophylaxis for the stop date/duration
[] vancomycin 15 mg/kg IV + Pharmacy Consult Required)	(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-specifi
	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	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
[] cefepime (MAXIPIME) IV	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
[] vancomycin 15 mg/kg IV + Pharmacy Consult Required)	<u> </u>
[] 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
	Madadir for Thorapy. Dargiour Fropriyianio

[] 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
Muscle Relaxants (Single Response)	
() methocarbamol (ROBAXIN) 500 mg in sodium ch 0.9 % 100 mL IVPB	nloride 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	e 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 Rec	
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op
[[[[]]]] [[]] [] [] [] []	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) IV or Oral or Recta	al "Or" Linked Panel
[] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[] 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	ng over 3 1 patch, transdermal, Administer over: 72 Hours, every 72 hours, 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	Response)
() 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:
PRN Medications - Pain - Pain Score (4-6) (Sin	
() HYDROcodone-acetaminophen (NORCO) 5-3 tablet	Post-op
() acetaminophen-codeine (TYLENOL #3) 300-3	Allowance for Patient Preference: 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 12 years of age? Y/N:
() traMADol (ULTRAM) tablet	Allowance for Patient Preference: 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6),
() traMADol (ULTRAM) tablet	Post-op
	Maximum Daily Dose: 200 mg/day Allowance for Patient Preference:
DDN Madiactions - Dain - Dain Cases (7.40) (Ci	ngle Decrease)
PRN Medications - Pain - Pain Score (7-10) (Si	
() HYDROcodone-acetaminophen (NORCO) 5-3 tablet	Post-op
() contaminant on codeing (TVI ENOL #2) 200 (Allowance for Patient Preference:
() acetaminophen-codeine (TYLENOL #3) 300-3 tablet	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op
	The use of codeine-containing products is contraindicated in
	patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
	Allowance for Patient Preference:
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, severe pain (score
	7-10), Post-op Allowance for Patient Preference:
() morPHINE injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Allowance for Patient Preference:
() hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
PCA Medications - Not HMSJ (Single Respons	e)
() fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 m Nursing PCA Orders	ıL +
[] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 Response)	mL (Single
() 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 attempts, total amount of medication infused (in mg or mcg), and volume remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences Patient/Family: Education for: Pain pump Provide patient education on appropriate use of PCA including no PCA by proxy. Only the patient may press the dosing button.
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S Assess POSS while patient has an active PCA order. Contact provider if score 3 or 4.
[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
() hydromorPHONE PCA (DILAUDID) 15 mg/30 mL · Nursing PCA Orders	†
[] hydromorPHONE PCA (DILAUDID) 15 mg/30 m Response)	nL (Single
() 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 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: [] IV Fluids for provision of PCA Therapy (Single	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention
[] IV Fluids for provision of PCA Therapy (Single Response)	
() sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous
() dextrose 5% infusion	30 mL/hr, intravenous, continuous
() morPHINE PCA 30 mg/30 mL + Nursing PCA Orde	ers
[] morPHINE PCA 30 mg/30 mL (Single Response	
() 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	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
PCA Medications - HMSJ Only (Single Response)	
() fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders	
[] fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL Response)	(Single
() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL	Nurse Loading Dose: Not Ordered PCA Dose: 10
PCA solution for Opioid Naive	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	Transfer account ago, remainant or earlor factors.
[] Vital signs - T/P/R/BP	Routine, Per unit protocol
[]	- Initially and every 30 minutes for 1 hour after PCA started, bolus
	administration or dose change; then
	- Every hour x 2 starting second hour after PCA started, bolus
	administered or dose change; then
	- Every 4 hours until PCA therapy is discontinued.
	- Immediately following PCA administration tubing change
PCA Documentation	Routine, Every 12 hours
	At the beginning (or end of each shift), prior to clearing PCA pump data,
	the following must be documented: doses delivered, number of attempts,
	total amount of medication infused (in mg or mcg), and volume
	remaining in syringe (residual volume).
[] Patient education Pain pump	Routine, Once, Starting S For 1 Occurrences
' '	Patient/Family:
	Education for: Pain pump
	Provide patient education on appropriate use of PCA including no PCA
	by proxy. Only the patient may press the dosing button.
[] Pasero Opioid-induced Sedation Scale	Routine, Every 6 hours, Starting S
	Assess POSS while patient has an active PCA order. Contact provider if
	score 3 or 4.

[] Notify Physician	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia
	 Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV
	PCA therapy
	 PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute 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
() hydromorPHONE PCA (DILAUDID) 30 mg/30 mL Nursing PCA Orders	+
[] hydromorPHONE PCA (DILAUDID) 30 mg/30 r	mL (Single
Response)	
() hydromorPHONE (DILAUDID) 30 mg/30 mL	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout
in sodium chloride 0.9% PCA for Opioid Naive	Interval: 10 Minutes MAX (Four hour dose limit): 3 mg
Naive	intravenous, continuous For breakthrough pain: Administer only if respiratory rate 12 per minute
	or more and POSS level of 2 or less. RN may bolus *** every *** hours
	as needed. If pain persists, may increase PCA demand dose by *** mg
	ONCE. If more than 2 bolus doses in 12 hours or if pain persists after
	increase in demand dose, call ordering prescriber.
	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.
[] DCA Dogumentation	- 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
[1] Notify Physician	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	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute 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
() morPHINE PCA 30 mg/30 mL + Nursing PCA Ord	
[] morPHINE PCA 30 mg/30 mL (Single Response	
() morPHINE PCA 30 mg/30 mL in sodium	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout
chloride 0.9% for Opioid Naive	Interval: 10 Minutes MAX (Four hour dose limit): 20 mg
omende elegated epicia raive	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.
	increase in demand dose, can ordering prescriber.
	Adjust doses for age, renal function or other factors.
[] Nursing PCA Orders	Adjust doses for age, remaindment of other factors.
	Douting Dor unit protocol
[] 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
-	 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
() GOAGOO O / O HINGSION	oo mam, intravonoas, sontinasas

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.
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VTE

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

Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

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

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

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

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

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

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Anticoagulation Guide for COVID p	Anticoagu	for COVID patien	ts
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URL:

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

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

rcquired)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	Response)
() Contraindications exist for mechanical	Routine, Once

prophylaxis

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

PACU & Post-op

() Place/Maintain sequential compression

Routine, Once

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

PACU & Post-op

Routine, Continuous, PACU & Post-op

device continuous

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

therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[] Moderate risk of VTE

Routine, Once, PACU & Post-op

[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single 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
 High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (S Required) 	
[] High 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
() High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (S Required)	
[] High 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	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() LOW Risk of VTE (Selection Required)	
[] Low Risk (Single Response) (Selection Require	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 Red	quired)
[] 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	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op

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

[] Moderate Risk (Selection Required)

()

Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk Or VTE Moderate Risk Pharmacological Prophylaxis -	Routine, Once, i Aco & i ost-op
Non-Surgical Patient (Single Response) (Select Required)	tion
Contraindications exist for pharmacologic proportion order Sequential compression device	ohylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic propagation AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single 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	parin 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 r enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() hengrin (Single Response)	· · · · · ·

High Risk Bleeding Characteristics Age > 75Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids Active GI ulcer () High bleed risk 5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency: () Not high bleed risk (Single Response) () Wt > 100 kg7,500 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 STAT, Until discontinued, Starting S (COUMADIN) Indication: [] warfarin (COUMADIN) tablet oral, daily at 1700 Indication: [] Mechanical Prophylaxis (Single Response) (Selection 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 Routine, Continuous, PACU & Post-op device continuous () HIGH Risk of VTE - Surgical (Selection Required) [] High Risk (Selection Required) [] High risk of VTE Routine, Once, PACU & Post-op [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic Routine, Once prophylaxis No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours () For CrCl LESS than 30mL/min - enoxaparin (LOVENOX)

Indication(s):

subcutaneous Daily at 1700
neon enoxaparin (LOVENOX) injection

30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op

() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous	11L/11lll1 =
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) HIGH Risk of VTE - Non-Surgical (Selection Requ	uired)
[] High Risk (Selection Required)	Douting Once DACIL & Doct on
[] High risk of VTE[] High Risk Pharmacological Prophylaxis - Non-	Routine, Once, PACU & Post-op
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
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, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):

	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op
		If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
		Contraindicated in patients LESS than 50kg, prior to surgery/invasive
		procedure, or CrCl LESS than 30 mL/min.
		This patient has a history of or suspected case of Heparin-Induced
		Thrombocytopenia (HIT):
()	heparin (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
7)	weight < 50kg and age > 75yrs) heparin (porcine) injection - For Patients	than 50kg and age GREATER than 75yrs.
()	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	STAT, Until discontinued, Starting S
<u> </u>	(COUMADIN)	Indication:
	Mechanical Prophylaxis (Single Response) (Sele Required)	ection
()	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
,	GH Risk of VTE - Surgical (Hip/Knee) (Selection	
	quired)	
	High Risk (Selection Required)	Davidina Oraca DAOLLO David an
[]	High Rick Pharmacelegical Prophyloxia Hip or I	Routine, Once, PACU & Post-op
	High Risk Pharmacological Prophylaxis - Hip or I (Arthroplasty) Surgical Patient (Single Response	
	(Selection Required)	
()	Contraindications exist for pharmacologic	Routine, Once
	prophylaxis	No pharmacologic VTE prophylaxis due to the following
		contraindication(s):
7)	coninin aboutable tablet	PACU & Post-op
()	aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op
()	Apixaban and Pharmacy Consult (Selection Re	<u> </u>
()		
	l anixahan (FLIQUIS) tahlet	2.5 mg_oral_2 times daily_Starting S+1_PACU & Post-on
L	apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
ι. []	apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S
[]	Pharmacy consult to monitor apixaban (ELIQUIS) therapy	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
[]	Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Respo	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
()	Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Respo	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
[] []	Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Respo	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() —	Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
[] ()	Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUADOSES by weight:	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse)
()	Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUATION doses by weight: Weight Dose	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse)
()	Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUATION doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse)
() —	Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAD doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended
	Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUATION doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended
	Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAD 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	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended rin 40mg every 12 hours
	Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAD 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	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended rin 40mg every 12 hours OVENOX)
	Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAD 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	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended rin 40mg every 12 hours OVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op
	Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAD 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	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended rin 40mg every 12 hours OVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
	Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAD doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa For CrCl LESS than 30mL/min - enoxaparin (Lovenoxaparin (Love	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended rin 40mg every 12 hours OVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced
() () () ()	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	n
[] 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 Indication:
(COUMADIN) [] Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

VTE Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

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

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

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

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

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

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Anticoagulation Guide for COVID patients

URL:

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

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

Required Moderate risk of VTE	() Moderate Risk - Patient currently has an active order for			
[] Moderate risk of VTE [] Patient currently has an active order for the rapeutic anticoagulant or VTE prophylaxis Paleae sequential compression device (Single Response) [] Place sequential compression device ordinations [] Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Place sequential compression device (Single Response) [] Place sequential compression device (Single Response) [] Place sequential compression device (Single Response) [] Contraindications exist for mechanical prophylaxis [] Place sequential compression device (Single Response) [] Place Required) [] High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Place Required) [] Place Requential compression device (Single Response) [] Place sequential compre	therapeutic anticoagulant or VTE prophylaxis (Selection			
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Pacular Prophylaxis				
therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis () Place Maintain sequential compression device (Single Response) () Place Maintain sequential compression device (Single Response) () Place Maintain sequential compression device order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Place Maintain sequential compression device (Single Response) () Place Sequential compression device (Single Response) () Place Sequential compression device (Single Response) () Place Maintain sequential compression device continuous, PACU & Post-op device continuous devic		<u>_</u>		
therapeutic anticoagulation for other indication. Therape vict with the substitution of the sequential compression device (Single Response) (1) Place sequential compression device (Single Response) (2) Contraindications exist for mechanical prophylaxis (3) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) (3) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (4) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (5) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (6) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (7) Place sequential compression device (Single Response) (8) Contraindications exist for mechanical prophylaxis sexist for mechanical prophylaxis and active order for the sequential compression device continuous (8) High Risk - Patient currently has an active order for the sequential compression device continuous (9) Place/Maintain sequential compression device ocontinuous (10) Moderate Risk of VTE prophylaxis (Selection Required) (11) Moderate Risk of VTE prophylaxis (Selection Required) (22) Place sequential compression device (Single Response) (3) Place sequential compression device (Single Response) (4) Place/Maintain sequential compression device (Single Response) (5) Contraindications exist for mechanical prophylaxis because patient is already on therapeutic anticoagulant or VTE prophylaxis (Selection Required) (6) Place/Maintain sequential compression device (Single Response) (7) Place/Maintain sequential compression device (Single Response) (8) Place/Maintain sequential compression device (Single Response) (9) Place/Maintain sequential compression device (Single Response) (1) Place/Maintain sequential compression device (Single Response) (2) Place/Maintain sequential compression device		·		
Therapy for the following: PACU & Post-op () Contraindications exist for mechanical rounding	·			
Pace sequential compression device (Single Response)	prophylaxis			
[Place sequential compression device (Single Response) () Contraindications exist for mechanical Prophylaxis and active order for therapeutic anticoagulant or VTE prophylaxis () Place/Maintain sequential compression Routine, Once, PACU & Post-op				
Contraindications exist for mechanical prophylaxis Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op		•		
prophylaxis				
contraindication(s): PACU & Post-op [] Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Therapy for the following: PACU & Post-op [] Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis PACU & Post-op [] Place/Maintain sequential compression device (Single Response) () Place/Maintain sequential compression device order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] High risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis (Selection Required) [] Place sequential compression device (Single Response) () Place/Maintain sequential compression device order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis () Contraindications exist for mechanical prophylaxis (Selection Required) () Place/Maintain sequential compression device (Single Response) () Place/Maintain sequential compression Routine, Once No mechanical VTE prophylaxis due to the following contraindications) () Place/Maintain sequential compression Routine, Once No mechanical VTE prophylaxis because: patient is already on therapeutic anticoagulant or VTE Routine, Once No mechanical VTE prophylaxis due to the following contraindication (Selection Required) () Place/Maintain sequential compression Routine, Once No mechanical VTE prophylaxis because: patient is already on therapeutic anticoagulant or VTE Routine, Once No mechanical VTE prophylaxis because: patient is already on therapeutic anticoagulant or VTE N		·		
PACU & Post-op	prophylaxis			
() PlaceMaintain sequential compression device continuous (Selection Required) () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Moderate risk of VTE () Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis () Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis (Selection Required) () Place/Maintain sequential compression device (Single Response) () Place/Maintain sequential compression device continuous () High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Place sequential compression device order for therapeutic anticoagulant or VTE prophylaxis () Place sequential compression device (Single Response) () Place sequential compression device order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis () Contraindications exist for mechanical prophylaxis (Selection Required) () Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis and evice continuous () High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis () Place sequential compression device (Single Response) () Place/Maintain sequential compression device order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Plate explaintain sequential compression device order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Plate explaintain sequential compression device order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Plate explaintain sequential compression device order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Plate explaintain sequential compression device (Single Response) () Plate explaintain s				
device continuous () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE Routine, Once, PACU & Post-op [] Patient currently has an active order for therapeutic anticoagulant or VTE No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op [] Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis is device of the following contraindication (s): PACU & Post-op () Place/Maintain sequential compression device continuous () High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] High risk of VTE Routine, Once, PACU & Post-op () Contraindications exist for mechanical prophylaxis [] Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device (Single Response) () Place/Maintain sequential compression device order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) () Place sequential compression device (Singl		·		
() Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE Routine, Once, PACU & Post-op [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Response) [] Place sequential compression device (Single Response) [] Place sequential compression device (Single Response) [] Place Maintain sequential compression Routine, Once [] Place Maintain sequential compression Routine, Once [] Place Maintain sequential compression Routine, Once [] Platient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Response) [] Place sequential compression device order for therapeutic anticoagulation or VTE prophylaxis (Selection Required) [] Place sequential compression device (Single Response) [] Place sequential compression device (Single Response) [] Place sequential compression device (Single Response)	• • • • • • • • • • • • • • • • • • • •	Routine, Continuous, PACU & Post-op		
therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Moderate risk of VTE Routine, Once, PACU & Post-op [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Response) [] Place sequential compression device (Single Response) [] Place/Maintain sequential compression device (Single Response) [] Place/Maintain sequential compression device order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Place sequential compression device (Single Response) [] Place sequential compression device order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] High Risk of VTE Routine, Once Nacutine, O				
Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Response) [] Place sequential compression device (Single Response) [] Place/Maintain sequential compression device (Single Response) [] Place/Maintain sequential compression device (Single Response) [] Place/Maintain sequential compression device continuous [] High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Plating to currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Response) [] Place/Maintain sequential compression device (Single Response) [] Place/Maintain sequential compression device order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Place sequential compression device (Single Response) [] Place sequential compression device order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] High Risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) [] Place sequential compression device (Single Response) [] Place sequential compression device (
Moderate risk of VTE		Selection		
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17100 W1 001 0P		PACU & Post-op		

() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op	
() LOW Risk of VTE (Selection Required)		
[] Low Risk (Single Response) (Selection Require	d)	
() Low risk of VTE	Routine, Once	
,,	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae	
	early ambulation	
() MODERATE DI L. ()/TE . 0 L/O L	PACU & Post-op	
() MODERATE Risk of VTE - Surgical (Selection Red	quired)	
[] Moderate Risk (Selection Required) [] Moderate risk of VTE	Pouting Once BACLL® Boot on	
[] Moderate Risk Pharmacological Prophylaxis - S	Routine, Once, PACU & Post-op	
Patient (Single Response) (Selection Required)		
() Contraindications exist for pharmacologic prop BUT order Sequential compression device		
[] Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
	contraindication(s):	
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[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACO & Post-op	
Contraindications exist for pharmacologic prop AND mechanical prophylaxis	hylaxis "And" Linked Panel	
[] Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
	contraindication(s):	
	PACU & Post-op	
[] Contraindications exist for mechanical	Routine, Once	
prophylaxis	No mechanical VTE prophylaxis due to the following	
	contraindication(s):	
PACU & Post-op () enoxaparin (LOVENOX) injection (Single Response)		
(Selection Required)		
Patient renal status: @CRCL@		
For a Control of Over Operated the control	Al to OO al to be a second as a large West of the falls of a second at the	
·	AL 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 enoxapa		
CREATER THAT OF EQUAL TO 140Kg CHOXAPE	ann sonig 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 mL/min -		
enoxaparin (LOVENOX) subcutaneous		
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):	
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op	
()	If the patient does not have a history of or suspected case of	
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.	
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive	
	procedure, or CrCl LESS than 30 mL/min.	
	This patient has a history of or suspected case of Heparin-Induced	
	Thrombocytopenia (HIT):	
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &	
	Post-op	

()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
()	heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (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
. ,	DDERATE Risk of VTE - Non-Surgical (Selection quired)	
[]	Moderate Risk (Selection Required)	
[]	Moderate risk of VTE	Routine, Once, PACU & Post-op
	Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selecti Required)	on
()	Contraindications exist for pharmacologic proph Order Sequential compression device	nylaxis - "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 proph AND mechanical prophylaxis	nylaxis "And" Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[]	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
	Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQUA doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily	AL to 30mL/min, enoxaparin orders will apply the following recommended
	100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa	rin 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (I subcutaneous Daily at 1700	LOVENOX)
Ī	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
()) For CrCl GREATER than or EQUAL TO 30 mi enoxaparin (LOVENOX) subcutaneous	

[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (Single Response)	()
High Risk Bleeding Characteristics	
Age > 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment	
Plt count < 100 K/uL	
Dual antiplatelet therapy	
Active cancer Cirrhosis/hepatic failure	
Cirrhosis/hepatic failure Prior intra-cranial hemorrhage	
Prior ischemic stroke	
History of bleeding event requiring admission	and/or transfusion
Chronic use of NSAIDs/steroids	
Active GI ulcer	
() High bleed risk	5,000 Units, subcutaneous, every 12 hours
(, 3	Indication for lower dose/frequency:
() Not high bleed risk (Single Response)	
() Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours
() Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours
() warfarin (COUMADIN) (Single Response)	
() WITHOUT pharmacy consult	oral, daily at 1700
	Indication:
() WITH pharmacy consult	OTAT 11 (11 11 11 11 11 11 11 11 11 11 11 11
[] Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
Mechanical Prophylaxis (Single Response) (Se	
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	Routine, Continuous, PACU & Post-op
device continuous	
HIGH Risk of VTE - Surgical (Selection Required)	
High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
	cal Patient
 High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required) 	
(Single Response) (Selection Required)	Routine, Once
(Single Response) (Selection Required) () Contraindications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following
(Single Response) (Selection Required)	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

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

[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30	
enoxaparin (LOVENOX) subcutaneous	
[] 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 medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (S Required)	election
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
HIGH Risk of VTE - Non-Surgical (Selection Req	uired)
] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
 High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required 	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op

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

[] anaxonorin (LO)/[NOV) injection	20 mm automatic della et 1700 DACIL 9 Deet en
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 ml enoxaparin (LOVENOX) subcutaneous	_/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this 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 for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (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
HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required)	
High Risk (Selection Required)	
High risk of VTE	Routine, Once, PACU & Post-op
High Risk Pharmacological Prophylaxis - Hip or In (Arthroplasty) Surgical Patient (Single Response (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection Re	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxaparin (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	ıL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (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

Labs

Laboratory

Laboratory	
[] Type and screen	Once, PACU & Post-op
[] CBC with platelet and differential	Once, PACU & Post-op
[X] Hemoglobin and hematocrit	Once
	In Recovery room., PACU & Post-op
[] Partial thromboplastin time	Once, PACU & Post-op
[] Prothrombin time with INR	Once, PACU & Post-op

[1] Basis metabolis panel	Once DACIL's Deet on
Basic metabolic panel Calcium level	Once, PACU & Post-op Once, PACU & Post-op
[] Magnesium level	Once, PACU & Post-op 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
[] Officially 313 3616611 and Thiologoppy, with Tellex to culture	Specimen Source: Urine
	Specimen Site:
	PACU & Post-op
Labs - AM	
[] Basic metabolic panel	AM draw, Starting S+1 For 1 Occurrences, Post-op
[] CBC with platelet and differential	AM draw, Starting S+1 For 1 Occurrences, Post-op
[] Partial thromboplastin time	AM draw, Starting S+1 For 1 Occurrences, Post-op
[] Prothrombin time with INR	AM draw, Starting S+1 For 1 Occurrences, Post-op
	, ,
Labs - AM Daily x 3	
[X] Hemoglobin	AM draw repeats For 3 Occurrences, PACU & Post-op
Imaging	
СТ	
	Pouting 1 time imaging Starting S at 1:00 AM For 1 DACIL
[] 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
[] CT Lumbar Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
X-ray	
[] Chest 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[] Chest 1 Vw in AM	Routine, 1 time imaging, Starting S+1 For 1 , PACU & Post-op
[] Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU
[1] =	& Post-op
[] XR Spine Scoliosos 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
[] Thoracic Spine 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[] Lumbar Spine 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] Lumbar Spine Ap Lateral Flexion And Extension	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[] Lumbar Spine Complete 4+ Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[] Thoracolumbar Spine 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op

Respiratory

Respiratory

[] 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:
	Device 2:
	Device 3:
	PACU & Post-op
[X] Incentive spirometry	Routine, Every hour while awake For 2 Days
, ,	Every hour while awake for 2 days., PACU & Post-op
Pulse oximetry check	Routine, Daily
	Current FIO2 or Room Air:
	PACU & Post-op

Consults

For Physician Consult orders use sidebar

Ancillary Consults

[] Consult to Case Management for discharge planning	Consult Reason: Discharge Planning 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 Teat	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: Reason for consult: PACU & Post-op
[] Consult to Respiratory Therapy	Reason for Consult? PACU & Post-op