TAVR Post Procedure [3296]

General

Admission (Single Response) (Selection Required)

(X) Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

Nursing

Nursing

[ ] Vital signs - T/P/R/BP - Per Unit Protocol	Routine, Per unit protocol, Post-op
[ ] Vital signs - T/P/R/BP	Routine, Every 15 min For 999 Occurrences Every 15 mins x 4, then every 30 mins x 4, then every hour x 4, then every 4 hours., Post-op
[ ] Vital signs - T/P/R/BP - If Closure Device	Routine, Every 15 min For 999 Occurrences If Closure Device Used - Every 15 mins x 2, then every 30 mins until discharge., Post-op
[X] Peripheral vascular assessment	Routine, Every 15 min For 999 Occurrences Every 15 minutes x 4, then every 30 minutes x 4, then every 1 hour x 4, then every 4 hours x 4, unless otherwise ordered by the physician. Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site, Post-op
[X] Neurological assessment	Routine, Once Assessment to Perform: Level of Consciousness,Glasgow Coma Scale,Pupils
[X] ECG rhythm assessment	Routine, Every 8 hours For Until specified, Post-op
[ ] Verify pacemaker settings (mode and backup rate)	Routine, Once Upon admission, verify pacemaker settings (mode and backup rate), Post-op
[X] Telemetry	**"And" Linked Panel**
[X] Telemetry monitoring	Routine, Continuous For 3 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Post-op catheter-based cardiac procedure Can be off of Telemetry for tests and baths? Yes
[X] 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
[ ] Notify telemetry of presence of temporary/permanent pacemaker	Routine, Once For 1 Occurrences, Post-op
[ ] Maintain IV access	Routine, Until discontinued, Starting S, Post-op
[ ] Discontinue IV	Routine, Once, Post-op

Radial - Sheath Removal

[ ] Radial Compression Device (Selection Required)

[ ] NOTIFY: The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op
[ ] Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[ ] The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[ ] Place/Maintain Sequential Compression Device following Manufacturer Insert/instructions.	Routine, Continuous Follow manufacturer insert/instructions for use, physician orders, or Progressive Cuff Deflation instruction specific to Diagnostic or Interventional Procedure performed. Radial Band, Post-op

[ ] Progressive cuff deflation (Single Response) (Selection Required)

( ) Diagnostic Procedures only (Selection Required)

[ ] 30 minutes after Radial Compression Device applied	Routine, Until discontinued, Starting S deflate 3cc of air from cuff. If no bleeding occurs from site, deflate 3cc of air from the Radial Compression Device every 5 minutes until all air is completely removed. If bleeding occurs when 3cc of air is removed, re-inflate with 3cc of air. Wait 15 minutes, then restart releasing 3cc of air every 5 minutes until all air is completely removed. If site remains free of bleeding/hematoma after 5 min, remove TR band, apply dressing., Post-op
[ ] Monitor access site and extremity distal to puncture wound	Routine, Until discontinued, Starting S every 15 minutes until Radial Compression Device is removed., Post-op
[ ] Assess for absence of ulnar pulse, caplilary refill greater than 3 seconds, cyanosis, numbness and/or pain in affected extremity.	Routine, Until discontinued, Starting S, If any of these are present, notify the procedural Cardiologist.

( ) Interventional Procedures only (Selection Required)

[ ] 2 hours after Radial Compression Device applied deflate 3cc	Routine, Until discontinued, Starting S if no bleeding at site, deflate 3cc every 10 min until all air removed from cuff. If bleeding occurs when 3cc of air is removed, re-inflate with 3cc of air. Wait 30 minutes then restart releasing 3cc of air every 10 minutes until all air has been removed. If site remains free of bleeding/hematoma after 5 min, remove TR band, apply dressing., Post-op
[ ] Evaluate access site for bleeding as follows:	Routine, Until discontinued, Starting S every 15 minutes x 4; every 30 minutes x2; and every hour x2., Post-op

[ ] Patient Education Prior to Sheath Removal and Hospital Discharge

[ ] Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify),Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
[ ] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify),Activity,Discharge,Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op

[ ] Pre-Sheath Removal

[ ] Vital signs prior to sheath removal	Routine, Every 15 min For 999 Occurrences Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op
[ ] Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
[ ] Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[ ] Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
[ ] Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[ ] Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op

[ ] Post-Sheath Removal (Selection Required)

[ ] Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[ ] Peripheral vascular assessment - Monitor access site	Routine, Every 15 min For 999 Occurrences Monitor access site, extremity distal to puncture every 15 min until Radial approach cath band removed., Post-op
[ ] Notify physician of bleeding and/or loss of pulses.	Routine, Until discontinued, Starting S, Notify physician of bleeding and/or loss of pulses., Post-op
[ ] Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[ ] No blood pressure readings, lab draws, or IV access	Routine, Until discontinued, Starting S No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours., Post-op
[ ] Limit movement in affected arm 6 hrs post procedure	Routine, Until discontinued, Starting S keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs. If needed, place wrist on arm board to restrict movement., Post-op
[ ] Patient may ambulate 30 minutes after arrival in recovery area.	Routine, Until discontinued, Starting S Specify: Other activity (specify) Other: Patient may ambulate 30 minutes after arrival in recovery area. Post-op
[ ] Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[ ] Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op

[ ] Manual Pressure - without Radial Compression Device

[ ] The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal of a systolic blood if pressure >160mmHg., Post-op

[ ] Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[ ] Notify physician - for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op

[ ] Patient Education Prior to Sheath Removal and Hospital Discharge

[ ] Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify),Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
[ ] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify),Activity,Discharge,Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op

[ ] Pre-Sheath Removal

[ ] Vital signs prior to sheath removal	Routine, Every 15 min For 999 Occurrences Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op
[ ] Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
[ ] Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[ ] Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
[ ] Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[ ] Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op

[ ] Post-Sheath Removal

[ ] Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[ ] Notify physician of bleeding and/or loss of pulses.	Routine, Until discontinued, Starting S, Notify physician of bleeding and/or loss of pulses., Post-op

[ ]	Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[ ]	No blood pressure readings, lab draws, or IV access	Routine, Until discontinued, Starting S No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours., Post-op
[ ]	Limit movement in affected arm 6 hrs post procedure	Routine, Until discontinued, Starting S keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs. If needed, place wrist on arm board to restrict movement., Post-op
[ ]	Patient may ambulate 30 minutes after arrival in recovery area.	Routine, Until discontinued, Starting S Specify: Other activity (specify) Other: Patient may ambulate 30 minutes after arrival in recovery area. Post-op
[ ]	Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[ ]	Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op

Activity

[X]	Strict bed rest	Routine, Until discontinued, Starting S Keep affected limb straight for 2 hours., Post-op
[X]	Ambulate	Routine, Daily For 4 Occurrences Specify: with assistance,in hall Ambulate patient after 2 hours. Okay to ambulate patient with internal jugular pacemaker., Post-op
[ ]	Activity as tolerated - if closure device	Routine, Until discontinued, Starting S Specify: Activity as tolerated If Closure Device Used - post sheath removal- begin progressive activity to ambulation, Post-op
[ ]	Activity as tolerated - radial approach	Routine, Until discontinued, Starting S Specify: Radial approach: activity as tolerated after *** hours., Post-op

Notify

[X]	Notify Physician if pulses absent or diminished.	Routine, Until discontinued, Starting S, Pulses absent or diminished., Post-op
[X]	Notify Physician if chest pain unrelieved with nitroglycerin.	Routine, Until discontinued, Starting S, Chest pain unrelieved with nitroglycerin., Post-op
[X]	Notify Physician if platelets less than 100,000	Routine, Until discontinued, Starting S, Platelets less than 100,000., Post-op
[X]	Notify Physician of complete heart block (on telemetry)	Routine, Until discontinued, Starting S For Until specified, Complete heart block (on telemetry)., Post-op
[X]	Notify Physician if patient has a temporary/permanent pacemaker with 'failure to capture' (on telemetry)	Routine, Until discontinued, Starting S For Until specified, If patient has a temporary/permanent pacemaker with 'failure to capture' (on telemetry)., Post-op
[X]	Notify Physician prior to discharge.	Routine, Until discontinued, Starting S, Prior to discharge., Post-op

Pre-sheath(s) Removal Diet

[ ] Diet -	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Until sheath(s) removed., Post-op

Post-sheath(s) Removal Diet (Single Response)

( ) Diet - Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
( ) Diet - 1800 Kcal/202 gm Carbohydrate	Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
(X) Diet - Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op

Education

[X] Tobacco cessation education	Routine, Once, Post-op
[X] Patient education (specify)	Routine, Once Patient/Family: Patient Education for: Other (specify) Specify: Inform nurse of numbness/tingling in extremity, chest pain, Shortness Of Breath or any discomfort or bleeding at the site Post-op

IV Fluids

IV Fluids

[ ] sodium chloride 0.9 % bolus	500 mL, intravenous, once, Post-op For systolic BP less than 100 and/or increase in heart rate of 20 BPM or decrease in SBP of 20 mmHG.
[ ] sodium chloride 0.45 % infusion	1,000 mL, intravenous, at 150 mL/hr, Administer over: 10 Hours, continuous, Post-op
[ ] sodium chloride 0.9 % infusion	1,000 mL, intravenous, at 150 mL/hr, Administer over: 10 Hours, continuous, Post-op
[ ] dextrose 5%-0.45% sodium chloride infusion	intravenous, at 150 mL/hr, Administer over: 10 Hours, continuous, Post-op
[ ] dextrose 5%-0.9% sodium chloride infusion	intravenous, at 150 mL/hr, Administer over: 10 Hours, continuous, Post-op

Medications

Mild Pain (Pain Score 1-3)

[ ] acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, mild pain (score 1-3), Post-op
[ ] traMADoL (ULTRAM) tablet	25 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Allowance for Patient Preference:

Moderate Pain (Pain Score 4-6) (Single Response)

( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), 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:
( ) HYDROcodone-acetaminophen (NORCO) 5-325 mg tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Allowance for Patient Preference:

Severe Pain (Pain Score 7-10) (Single Response)

( ) morphine 2 mg/mL injection	2 mg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op 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:

Beta-Blockers (Single Response)

( ) metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800, Post-op BP & HR HOLD parameters for this order: Contact Physician if:
( ) metoprolol succinate XL (TOPROL-XL) 24 hr tablet	25 mg, oral, daily, Post-op BP & HR HOLD parameters for this order: Contact Physician if:
( ) carvedilol (COREG) tablet	3.125 mg, oral, 2 times daily at 0600, 1800, Post-op BP & HR HOLD parameters for this order: Contact Physician if:

Nitrates

[ ] nitroglycerin infusion	5-200 mcg/min, intravenous, continuous, Post-op
[ ] isosorbide mononitrate (ISMO,MONOKET) tablet	20 mg, oral, 2 times daily at 0900, 1600, Post-op Post-Op BP HOLD parameters for this order: Contact Physician if:
[ ] isosorbide mononitrate (IMDUR) 24 hr tablet	oral, daily, Post-op Post-Op BP HOLD parameters for this order: Contact Physician if:
[ ] nitroglycerin (NITRODUR) 24 hr patch	transdermal, Administer over: 12 Hours, daily, Post-op Post-Op
[ ] nitroglycerin (NITROSTAT) 2% ointment	1 inch, Topical, every 6 hours scheduled, Post-op Post-Op, Apply to chest wall
[ ] nitroglycerin (NITROSTAT) SL tablet	0.4 mg, sublingual, every 5 min PRN, chest pain, For 3 Doses, Post-op Post-Op. Call provider after third dose.

Anti-Platelet Agents

[ ] aspirin (ECOTRIN) enteric coated tablet 81 mg	81 mg, oral, daily, Post-op
[ ] aspirin (ECOTRIN) enteric coated tablet 325 mg	325 mg, oral, daily, Post-op
[ ] clopidogrel (PLAVIX) tablet 75 mg	75 mg, oral, daily, Starting S+1, Post-op
[ ] clopidogrel (PLAVIX) tablet 300 mg	300 mg, oral, once, Starting S, For 1 Doses, Post-op

[ ] clopidogrel (PLAVIX) tablet 600 mg	600 mg, oral, once, For 1 Doses, Post-op
[ ] Patient will be kept on oral anticoagulant monotherapy (to be ordered separately)	Routine, Once For 1 Occurrences

Medications for Sheath Pulls ONLY - PRN As Indicated

[X] atropine injection	0.5 mg, intravenous, once PRN, for heart rate LESS than 55 beats per minute., Post-op

Antiemetics - HMSL and HMWB Only

[X] ondansetron (ZOFRAN) IV or Oral (Selection Required)	**"Or" Linked Panel**
[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.
[X] promethazine (PHENERGAN) IV or Oral or Rectal	**"Or" Linked Panel**
[X] promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMH, HMSJ, HMW, HMSTC Only

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

Antiemetics - HMSTJ Only

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

[X]	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Other Medications

[ ]	docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Post-op
[ ]	magnesium hydroxide suspension	30 mL, oral, 4 times daily PRN, indigestion, Post-op

VTE

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

Low Risk Definition Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:
Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Age 60 and above Severe fracture of hip, pelvis or leg
Central line Acute spinal cord injury with paresis
History of DVT or family history of VTE Multiple major traumas
Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER
Less than fully and independently ambulatory Acute ischemic stroke
Estrogen therapy History of PE
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

Anticoagulation Guide for COVID patients	URL: "https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

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

[ ] Place sequential compression device (Single Response)

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

( ) LOW Risk of VTE (Selection Required)

[ ] Low Risk (Single Response) (Selection Required)

( ) Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation

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

[ ] Moderate Risk (Selection Required)

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

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

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

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

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

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
[ ] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
[ ] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

( ) heparin (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

( ) High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Indication for lower dose/frequency:
( ) Not high bleed risk (Single Response)	
( ) Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op
( ) Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( ) warfarin (COUMADIN) (Single Response)	
( ) WITHOUT pharmacy consult	oral, daily at 1700 Indication:

( ) WITH pharmacy consult

[ ] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:

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

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

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

[ ] Moderate Risk (Selection Required)

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

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

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

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

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

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

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

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

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

( ) heparin (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

( ) High bleed risk	5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency:
( ) Not high bleed risk (Single Response)	
( ) Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours
( ) Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours

( ) warfarin (COUMADIN) (Single Response)

( ) WITHOUT pharmacy consult	oral, daily at 1700 Indication:
( ) WITH pharmacy consult	
[ ] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:

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

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

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

[ ] High Risk (Selection Required)

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

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

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

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

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

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

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

( ) heparin (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

( ) High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Indication for lower dose/frequency:
( ) Not high bleed risk (Single Response)	
( ) Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op
( ) Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op

( ) warfarin (COUMADIN) (Single Response)

( ) WITHOUT pharmacy consult	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( ) WITH pharmacy consult	
[ ] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:

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

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

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

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

[ ] High Risk (Selection Required)

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

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

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

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

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

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

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

( ) heparin (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

( ) High bleed risk — 5,000 Units, subcutaneous, every 12 hours
Indication for lower dose/frequency:

( ) Not high bleed risk (Single Response)

( ) Wt > 100 kg — 7,500 Units, subcutaneous, every 8 hours

( ) Wt LESS than or equal to 100 kg — 5,000 Units, subcutaneous, every 8 hours

( ) warfarin (COUMADIN) (Single Response)

( ) WITHOUT pharmacy consult — oral, daily at 1700
Indication:

( ) WITH pharmacy consult

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

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

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

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

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

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

[ ] High Risk (Selection Required)

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

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

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

( ) aspirin chewable tablet — 162 mg, oral, daily, Starting S+1, PACU & Post-op

( ) aspirin (ECOTRIN) enteric coated tablet — 162 mg, oral, daily, Starting S+1, PACU & Post-op

( ) Apixaban and Pharmacy Consult (Selection Required)

[ ] apixaban (ELIQUIS) tablet — 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op
Indications: VTE prophylaxis

[ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy — STAT, Until discontinued, Starting S
Indications: VTE prophylaxis

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

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

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

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

( ) heparin (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

( ) High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Indication for lower dose/frequency:
( ) Not high bleed risk (Single Response)	
( ) Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op
( ) Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( ) 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) (Single Response)	
( ) WITHOUT pharmacy consult	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( ) WITH pharmacy consult	
[ ] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

( ) LOW Risk of VTE (Selection Required)

[ ] Low Risk (Single Response) (Selection Required)

( ) Low risk of VTE
Routine, Once
Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation

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

[ ] Moderate Risk (Selection Required)

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

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

( ) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device
"And" Linked Panel

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

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

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

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

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

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

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

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

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

( ) heparin (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

( ) High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Indication for lower dose/frequency:
( ) Not high bleed risk (Single Response)	
( ) Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op
( ) Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op

( ) warfarin (COUMADIN) (Single Response)

( ) WITHOUT pharmacy consult	oral, daily at 1700 Indication:
( ) WITH pharmacy consult	
[ ] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:

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

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

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

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

[ ] Moderate Risk (Selection Required)

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

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

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

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

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

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

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

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

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

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

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

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

( ) heparin (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

( ) High bleed risk	5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency:
( ) Not high bleed risk (Single Response)	
( ) Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours
( ) Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours
( ) warfarin (COUMADIN) (Single Response)	
( ) WITHOUT pharmacy consult	oral, daily at 1700 Indication:
( ) WITH pharmacy consult	
[ ] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
( ) HIGH Risk of VTE - Surgical (Selection Required)	
[ ] High Risk (Selection Required)	
[ ] High risk of VTE	Routine, Once, PACU & Post-op
[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
[ ] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):

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

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

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

( ) heparin (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

( ) High bleed risk — 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
Indication for lower dose/frequency:

( ) Not high bleed risk (Single Response)

( ) Wt > 100 kg — 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op

( ) Wt LESS than or equal to 100 kg — 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op

( ) warfarin (COUMADIN) (Single Response)

( ) WITHOUT pharmacy consult — oral, daily at 1700, Starting S+1, PACU & Post-op
Indication:

( ) WITH pharmacy consult

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

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

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

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

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

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

[ ] High Risk (Selection Required)

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

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

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

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700
- [ ] enoxaparin (LOVENOX) injection — 30 mg, subcutaneous, daily at 1700, PACU & Post-op
  Indication(s):

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous
- [ ] enoxaparin (LOVENOX) injection — subcutaneous, PACU & Post-op
  Indication(s):

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

( ) heparin (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

- ( ) High bleed risk — 5,000 Units, subcutaneous, every 12 hours
  Indication for lower dose/frequency:
- ( ) Not high bleed risk (Single Response)
  - ( ) Wt > 100 kg — 7,500 Units, subcutaneous, every 8 hours
  - ( ) Wt LESS than or equal to 100 kg — 5,000 Units, subcutaneous, every 8 hours

( ) warfarin (COUMADIN) (Single Response)
- ( ) WITHOUT pharmacy consult — oral, daily at 1700
  Indication:
- ( ) WITH pharmacy consult
  - [ ] Pharmacy consult to manage warfarin (COUMADIN) — STAT, Until discontinued, Starting S
    Indication:
  - [ ] warfarin (COUMADIN) tablet — oral, daily at 1700
    Indication:

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

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

[ ] High Risk (Selection Required)

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

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

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op

( ) Apixaban and Pharmacy Consult (Selection Required)

[ ] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

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

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

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

( ) heparin (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

( ) High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Indication for lower dose/frequency:
( ) Not high bleed risk (Single Response)	
( ) Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op
( ) Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( ) 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) (Single Response)	
( ) WITHOUT pharmacy consult	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( ) WITH pharmacy consult	
[ ] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

Labs

Labs in 4 hours

[ ] Basic metabolic panel	Once, Starting H+4 Hours In 4 hr., Post-op
[ ] Troponin T	Now then every 3 hours, Starting H+4 Hours For 3 Occurrences In 4 hr., Post-op
[ ] Prothrombin time with INR	Once, Starting H+4 Hours In 4 hr., Post-op
[ ] CBC with differential	Once, Starting H+4 Hours In 4 hr., Post-op

Labs Tomorrow

[X] Basic metabolic panel	AM draw For 1 Occurrences, Post-op
[X] CBC with differential	AM draw For 1 Occurrences, Post-op
[X] NT-proBNP	AM draw For 1 Occurrences, Post-op
[ ] Lipid panel	AM draw For 1 Occurrences, Post-op
[ ] Troponin T	AM draw For 1 Occurrences, Post-op
[ ] Prothrombin time with INR	AM draw For 1 Occurrences, Post-op

Other Studies

Diagnostic Studies

[X] Transthoracic Echocardiogram Complete, (w contrast, Strain and 3D if needed)	Routine, 1 time imaging, Starting S For 1 Occurrences, Post-op
[X] XR Chest 1 Vw Portable	Routine, Conditional Frequency, Starting S For 1 Occurrences Perform same day if temporary pacing wire is inserted, Post-op

[X] ECG Pre/Post Op (PRN)	Routine, As needed, Starting S For 3 Occurrences Clinical Indications: Chest Pain Interpreting Physician: Ordering cardiologist to interpret EKG, Post-op
[X] ECG Pre/Post Op TIMED at 0400 For 3 Occurrences	Timed, Once For 3 Occurrences Clinical Indications: Post-Op Surgery Interpreting Physician: In AM, ordering cardiologist to interpret EKG., Post-op
[ ] ECG Pre/Post Op (STAT)	STAT, Once Clinical Indications: Post-Op Surgery Interpreting Physician: Ordering cardiologist to interpret EKG, Post-op
[ ] ECG 12 lead (on arrival to unit)	Routine, Once For 1 Occurrences Clinical Indications: Interpreting Physician: Ordering cardiologist to interpret EKG, Post-op

Consults

Consult to Cardiac Rehab Phase I

[X] Consult to Cardiac Rehab Phase 1	Routine, Once Clinical Indications: PCI Post-op

Consult to Cardiac Rehabilitation Phase II (Single Response) (Selection Required)

Please unselect if patient does not meet requirements for Referral to Cardiac Rehab Phase II and select the order: "The patient will not be referred to cardiac rehab due to:" (a reason is required on this order).

(X) Referral to Cardiac Rehab Phase 2	Internal Referral I am referring my patient to outpatient Cardiac Rehabilitation for: Initial, Phase II (36 Sessions) prescription for Cardiac Rehabilitation. Medical justification required: s/p AVR/MVR/TAVR s/p AVR/MVR/TAVR Date:
( ) The patient will not be referred to cardiac rehab due to:	The patient will not be referred to cardiac rehab due to: