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	
Uital 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
((() () () () () () () () ()	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 H L H L L L L L L L L	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/permaner pacemaker	·
[] Maintain IV access	Routine, Until discontinued, Starting S, Post-op
[] Discontinue IV	Routine, Once, Post-op

[1] Padial Compression Davies (Salastian Required)	
[] 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) (S Required)	
() Diagnostic Procedures only (Selection Require	ed)
[] 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 Req	
[] 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 Discharge	Hospital
[] 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	and the same of the same same of the same

[]	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
[]	Patient transferred with sheaths left in place	documentation., Post-op Routine, Until discontinued, Starting S
	Apply homostatic notch ofter accomment	Patient transferred with Sheaths left in place., Post-op Routine, Until discontinued, Starting S
	Apply hemostatic patch after assessment for hematoma, distal pulses.	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)	<u> </u>
[]	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
	anual Pressure - without Radial Compression D	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
Printad	on 2/14/2024 at 11:54 AM from POC	Page 3 of 27

[] 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)
[1] Notification for the consolidations	infusion unless otherwise specified by physician order., Post-op
Notify physician - for abnormal vital signs,	Routine, Until discontinued, Starting S, for abnormal vital signs,
uncontrolled pain, absence of pulses/limb	uncontrolled pain, absence of pulses/limb discoloration, bleeding,
discoloration, bleeding, hematoma	hematoma formation, or signs of complications., Post-op
formation, or signs of complications.	111 - 5 1
Patient Education Prior to Sheath Removal a	nd Hospital
Discharge	
[] Patient education prior to post-sheath	Routine, Once, Starting S For 1 Occurrences
removal	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	
	Patient transferred with Sheaths left in place., Post-op
[] Apply hemostatic patch after assessment	Routine, Until discontinued, Starting S
for hematoma, distal pulses.	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
Dest-Sheath Removal	
[] Vital signs after sheath removal	Routine, Every 15 min For Until specified
<u>.</u> . <u>0</u>	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	Routine, Until discontinued, Starting S, Notify physician of bleeding
pulses.	and/or loss of pulses., Post-op
L	

[] Sit	e 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
[] I No	hlood proceure readings, lab draws, or	Routine, Until discontinued, Starting S
	blood pressure readings, lab draws, or access	No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours., Post-op
[] [1] [ir	nit movement in affected arm 6 hrs post	Routine, Until discontinued, Starting S
	ocedure	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
	itient may ambulate 30 minutes after rival in recovery area.	Routine, Until discontinued, Starting S Specify: Other activity (specify)
	ival in recovery area.	Other: Patient may ambulate 30 minutes after arrival in recovery area.
		Post-op
	sess for pulse distal to assess site st-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
[] Ne	eurological assessment after sheath	Routine, Every 15 min For Until specified
rer	moval	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 b	ped rest	Routine, Until discontinued, Starting S Keep affected limb straight for 2 hours., Post-op
[X] Ambul	ate	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	y as tolerated - if closure device	Routine, Until discontinued, Starting S
[1 /touvit]	y do toloratod ili oloculo device	Specify: Activity as tolerated
		If Closure Device Used - post sheath removal- begin
F.1. A . (1. 1)	and the section of th	progressive activity to ambulation, Post-op
[] Activity	y as tolerated - radial approach	Routine, Until discontinued, Starting S Specify: Radial approach: activity as tolerated after *** hours., Post-op
Notify.		·
Notify	B	
	Physician if pulses absent or diminished.	Routine, Until discontinued, Starting S, Pulses absent or diminished., Post-op
[X] Notify nitrogly	Physician if chest pain unrelieved with ycerin.	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 telem	etry) Routine, Until discontinued, Starting S For Until specified, Complete heart block (on telemetry)., Post-op
	Physician if patient has a temporary/permar naker 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-sheat	h(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 Bain (Bain Seera 4.6) (Single Beanance)	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
() fentaNYL (SUBLIMAZE) injection	Allowance for Patient Preference: 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-opPost-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 monother	
(to be ordered separately)	
Medications for Sheath Pulls ONLY - PRN As Indi	cated
[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 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.
[X] promethazine (PHENERGAN) IV or Oral or Recta	al "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 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.
[X] promethazine (PHENERGAN) IV or Oral or Recta	
[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 Red	
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IVPB or Oral or Re	
[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.
Ot	her Medications	
$\overline{[]}$	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/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)	re order for
[] 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	e 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 therapeutic anticoagulant or VTE prophylaxis Required)	

Routine, Once

PACU & Post-op

Routine, Once, PACU & Post-op

Therapy for the following:

therapeutic anticoagulation for other indication.

No pharmacologic VTE prophylaxis because: patient is already on

[] Patient currently has an active order for

therapeutic anticoagulant or VTE

[] Moderate risk of VTE

prophylaxis

Response)
Routine, Once
No mechanical VTE prophylaxis due to the following
contraindication(s):
PACU & Post-op
Routine, Continuous, PACU & Post-op
er for
Selection
D. // O. DAGUADA
Routine, Once, PACU & Post-op
Routine, Once
No pharmacologic VTE prophylaxis because: patient is already on
therapeutic anticoagulation for other indication.
Therapy for the following: PACU & Post-op
Response)
Routine, Once
No mechanical VTE prophylaxis due to the following
contraindication(s): PACU & Post-op
Routine, Continuous, PACU & Post-op
Routine, Continuous, FACO & Fost-op
er for
Selection
Routine, Once, PACU & Post-op
Routine, Once
No pharmacologic VTE prophylaxis because: patient is already on
therapeutic anticoagulation for other indication.
Therapy for the following:
PACU & Post-op
Response)
Routine, Once
No mechanical VTE prophylaxis due to the following
contraindication(s):
PACU & Post-op
Routine, Continuous, PACU & Post-op
red)
Routine, Once
Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
early ambulation
equired)
<u> </u>
Routine, Once, PACU & Post-op
Surgical
d)
phylaxis "And" Linked Panel
phylaxis "And" Linked Panel Routine, Once
Routine, Once No pharmacologic VTE prophylaxis due to the following
Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

[] 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 Re (Selection Required) Patient renal status: @CRCL@	esponse)
() For CrCl LESS than 30mL/min - enoxapari subcutaneous Daily at 1700	n (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 enoxaparin (LOVENOX) subcutaneous) mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this 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 (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 admissio Chronic use of NSAIDs/steroids Active GI ulcer	n and/or transfusion
() 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 &
() Wt LESS than or equal to 100 kg	Post-op 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:
d on 2/14/2024 at 11:54 AM from POC	Page 11 of 2

() 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) (Sele Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
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) (Selecti Required) 	on
() Contraindications exist for pharmacologic proph Order Sequential compression device	hylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Disca Maintain assuration assuration	PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
Contraindications exist for pharmacologic proph 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	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUA 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 (I	LOVENOX)
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op
() For CrCl GREATER than or EQUAL TO 30 ml	Indication(s): L/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 Chronic use of NSAIDs/steroids	and/or transfusion
Active GI ulcer	
, touve of alcol	
() High bleed risk	5,000 Units, subcutaneous, every 12 hours
() Net high blood sigh (Giorde December)	Indication for lower dose/frequency:
() Not high bleed risk (Single Response)	7 500 Unite authoritoneous every 9 hours
() Wt > 100 kg () Wt LESS than or equal to 100 kg	7,500 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 8 hours
() warfarin (COUMADIN) (Single Response)	5,000 Offics, subcutaneous, every officurs
() WITHOUT pharmacy consult	oral, daily at 1700
() Williout phalmady defiduit	Indication:
() WITH pharmacy consult	
[] Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
Mechanical Prophylaxis (Single Response) (Se	election
Required)	
() 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	Roddine, Continuous, i Acc & Fost op
HIGH Risk of VTE - Surgical (Selection Required	
High Risk (Selection Required)	,
• • •	Routine, Once, PACU & Post-op
High risk of VTE	·
 High risk of VTE High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required) 	
High Risk Pharmacological Prophylaxis - Surg	Routine, Once
High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)	Routine, Once No pharmacologic VTE prophylaxis due to the following
High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required) () Contraindications exist for pharmacologic	Routine, Once

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

subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op
[] elloxapanin (EOVENOX) injection	Indication(s):
() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
) heparin (Single Response)	
High Risk Bleeding Characteristics Age > 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy	
Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission Chronic use of NSAIDs/steroids Active GI ulcer	and/or transfusion
Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission Chronic use of NSAIDs/steroids	and/or transfusion 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU 8 Post-op Indication for lower dose/frequency:
Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission Chronic use of NSAIDs/steroids Active GI ulcer () High bleed risk () Not high bleed risk (Single Response)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU 8 Post-op Indication for lower dose/frequency:
Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission Chronic use of NSAIDs/steroids Active GI ulcer () High bleed risk () Not high bleed risk (Single Response) () Wt > 100 kg	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU 8 Post-op Indication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op
Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission Chronic use of NSAIDs/steroids Active GI ulcer () High bleed risk () Not high bleed risk (Single Response)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Indication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op
Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission Chronic use of NSAIDs/steroids Active GI ulcer () High bleed risk () Not high bleed risk (Single Response) () Wt > 100 kg	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU 8 Post-op Indication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU 8 Post-op 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU 8
Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission Chronic use of NSAIDs/steroids Active GI ulcer () High bleed risk () Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU 8 Post-op Indication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU 8
Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission Chronic use of NSAIDs/steroids Active GI ulcer () High bleed risk () Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Indication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission Chronic use of NSAIDs/steroids Active GI ulcer () High bleed risk () Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Indication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op oral, daily at 1700, Starting S+1, PACU & Post-op

Routine, Once

PACU & Post-op

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

() Contraindications exist for mechanical

Required)

prophylaxis

','	Maintain sequential compression e continuous	Routine, Continuous, PACU & Post-op
	sk of VTE - Non-Surgical (Selection Require	ed)
	tisk (Selection Required)	
[] High	risk of VTE	Routine, Once, PACU & Post-op
	tisk Pharmacological Prophylaxis - Non-Su t (Single Response) (Selection Required)	ırgical
	raindications exist for pharmacologic hylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
','	aparin (LOVENOX) injection (Single Respo ction Required)	onse)
Patie	nt renal status: @CRCL@	
dose Weig LESS 100 t	atients with CrCl GREATER than or EQUA s by weight: ht Dose 5 THAN 100kg enoxaparin 40mg daily o 139kg enoxaparin 30mg every 12 hours ATER THAN or EQUAL to 140kg enoxapa	AL to 30mL/min, enoxaparin orders will apply the following recommended rin 40mg every 12 hours
	CrCl LESS than 30mL/min - enoxaparin (L	OVENOX)
	cutaneous Daily at 1700 oxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
· · ·	CrCl GREATER than or EQUAL TO 30 ml xaparin (LOVENOX) subcutaneous	
[] en	oxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
() fonda	parinux (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):
() hepa	rin (Single Response)	The massy topolia (Thr).
	Risk Bleeding Characteristics	
Age:	•	
Weig	ht < 50 kg	
	able Hgb	
	I impairment	
	ount < 100 K/uL	
	antiplatelet therapy	
	e cancer osis/hepatic failure	
	intra-cranial hemorrhage	
	ischemic stroke	
	ry of bleeding event requiring admission a	nd/or transfusion
Chro	nic use of NSAIDs/steroids	
Activ	e GI ulcer	
() Higl	n bleed risk	5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency:
() Not	high bleed risk (Single Response)	maidation for total accombigations.
	> 100 kg	7,500 Units, subcutaneous, every 8 hours
	LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours
	rin (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) (Sel Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) 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 (Arthroplasty) Surgical Patient (Single Response (Selection Required)	e)
() 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
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	oonse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose	AL to 30mL/min, enoxaparin orders will apply the following recommended
LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours	S
GREATER THAN or EQUAL to 140kg enoxapa	arin 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	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min
() honorin (Single Beenerse)	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)	ction
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 therapeut	ic
anticoagulant or VTE prophylaxis with Risk Stratifi	
(Single Response) (Selection Required)	
() Moderate Risk - Patient currently has an active	order for
therapeutic anticoagulant or VTE prophylaxis (S	
Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single I	• •
() 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	
() Moderate Risk - Patient currently has an active	
therapeutic anticoagulant or VTE prophylaxis (S	Selection
Required)	Douting Once DACIL 9 Doct on
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication. Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single I	,
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
ριορηγιαχίδ	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
() High Risk - Patient currently has an active orde	r for
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	
() 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 (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	•
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 Requir	red)
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation
MODERATE Risk of VTE - Surgical (Selection Re	
Moderate Risk (Selection Required)	<u>'</u>
Moderate risk of VTE	Routine, Once, PACU & Post-op
 Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required 	•
() Contraindications exist for pharmacologic pro BUT order Sequential compression device	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 Contraindications exist for pharmacologic pro 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

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 I	mL/min -
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history 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)	
Age > 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission Chronic use of NSAIDs/steroids Active GI ulcer	and/or transfusion
() High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU a 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	

Indication:

Indication:

Routine, Once

PACU & Post-op

oral, daily at 1700, Starting S+1, PACU & Post-op

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

[] warfarin (COUMADIN) tablet

() Contraindications exist for mechanical

Mechanical Prophylaxis (Single Response) (Selection

(COUMADIN)

Required)

prophylaxis

() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) MODERATE Risk of VTE - Non-Surgical (Selection	on
Required) [] Moderate Risk (Selection Required)	
Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis -	Routine, Once, i Aco & i ost-op
Non-Surgical Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic pro Order Sequential compression device	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic pro 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)	sponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa	
() 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 enoxaparin (LOVENOX) subcutaneous	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (Single Response)	тпотпросуюрена (птт).

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

Indication(s):

[] 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 medicatic 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
() heparin (Single Response)	Thrombocytopenia (HIT):
High Risk Bleeding Characteristics	
Age > 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment	
Plt count < 100 K/uL	
Dual antiplatelet therapy	
Active cancer	
Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage Prior ischemic stroke	
History of bleeding event requiring admission a	nd/or transfusion
Chronic use of NSAIDs/steroids	id/of translation
Active GI ulcer	
() High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACL
() Thigh block hold	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, PACL 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) (Sele Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(
() Discolling and a Color	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	od)
HIGH Risk of VTE - Non-Surgical (Selection Required)	eu)
High Risk (Selection Required)	Pouting Once PACIL® Post on
High risk of VTE High Risk Pharmacological Prophylaxis - Non-Su Patient (Single Response) (Selection Required)	Routine, Once, PACU & Post-op urgical
Patient (Single Response) (Selection Required)	Pautina Onco
() Contraindications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following
prophylaxis	INO DITATITIACOTORIC V I E DIODITVIAXIS QUE LO LITE IONOWING

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

oral, daily at 1700 Indication:

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

Routine, Once

PACU & Post-op

Routine, Continuous, PACU & Post-op

device continuous

Required)

prophylaxis

[] warfarin (COUMADIN) tablet

() Contraindications exist for mechanical

() Place/Maintain sequential compression

Mechanical Prophylaxis (Single Response) (Selection

) HIGH RISK OF VIE - Surgical (HIP/Knee) (Selection	on
Required)	
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip o	
(Arthroplasty) Surgical Patient (Single Responsi	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	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 F	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
Patient renal status: @CRCL@	
doses by weight: Weight Dose	UAL to 30mL/min, enoxaparin orders will apply the following recommended
LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	<u> </u>
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
 For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous 	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (Single Response)	
High Risk Bleeding Characteristics Age > 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment Plt count < 100 K/uL	
Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy	
Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer	
Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure	
Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer	
Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage	and/or transfusion

75	
() High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
() Not high bleed risk (Single Response)	Indication for lower dose/frequency:
() 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	OTAT Hard Paragram I Oranica O
[] 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) (Sel 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	
	Once, Starting H+4 Hours
Labs in 4 hours	In 4 hr., Post-op Now then every 3 hours, Starting H+4 Hours For 3 Occurrences
Labs in 4 hours [] Basic metabolic panel	In 4 hr., Post-op Now then every 3 hours, Starting H+4 Hours For 3 Occurrences In 4 hr., Post-op Once, Starting H+4 Hours
Labs in 4 hours [] Basic metabolic panel [] Troponin T	In 4 hr., Post-op Now then every 3 hours, Starting H+4 Hours For 3 Occurrences In 4 hr., Post-op
Labs in 4 hours [] Basic metabolic panel [] Troponin T [] Prothrombin time with INR	In 4 hr., Post-op Now then every 3 hours, Starting H+4 Hours For 3 Occurrences In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op Once, Starting H+4 Hours
Labs in 4 hours [] Basic metabolic panel [] Troponin T [] Prothrombin time with INR [] CBC with differential	In 4 hr., Post-op Now then every 3 hours, Starting H+4 Hours For 3 Occurrences In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op Once, Starting H+4 Hours
Labs in 4 hours [] Basic metabolic panel [] Troponin T [] Prothrombin time with INR [] CBC with differential Labs Tomorrow [X] Basic metabolic panel [X] CBC with differential	In 4 hr., Post-op Now then every 3 hours, Starting H+4 Hours For 3 Occurrences In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op
Labs in 4 hours [] Basic metabolic panel [] Troponin T [] Prothrombin time with INR [] CBC with differential Labs Tomorrow [X] Basic metabolic panel [X] CBC with differential [X] NT-proBNP	In 4 hr., Post-op Now then every 3 hours, Starting H+4 Hours For 3 Occurrences In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op
Labs in 4 hours [] Basic metabolic panel [] Troponin T [] Prothrombin time with INR [] CBC with differential Labs Tomorrow [X] Basic metabolic panel [X] CBC with differential [X] NT-proBNP [] Lipid panel	In 4 hr., Post-op Now then every 3 hours, Starting H+4 Hours For 3 Occurrences In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op
Labs in 4 hours [] Basic metabolic panel [] Troponin T [] Prothrombin time with INR [] CBC with differential Labs Tomorrow [X] Basic metabolic panel [X] CBC with differential [X] NT-proBNP [] Lipid panel [] Troponin T	In 4 hr., Post-op Now then every 3 hours, Starting H+4 Hours For 3 Occurrences In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op
Labs in 4 hours [] Basic metabolic panel [] Troponin T [] Prothrombin time with INR [] CBC with differential Labs Tomorrow [X] Basic metabolic panel [X] CBC with differential [X] NT-proBNP [] Lipid panel [] Troponin T [] Prothrombin time with INR	In 4 hr., Post-op Now then every 3 hours, Starting H+4 Hours For 3 Occurrences In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op
Labs in 4 hours [] Basic metabolic panel [] Troponin T [] Prothrombin time with INR [] CBC with differential Labs Tomorrow [X] Basic metabolic panel [X] CBC with differential [X] NT-proBNP [] Lipid panel [] Troponin T	In 4 hr., Post-op Now then every 3 hours, Starting H+4 Hours For 3 Occurrences In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op
Labs in 4 hours [] Basic metabolic panel [] Troponin T [] Prothrombin time with INR [] CBC with differential Labs Tomorrow [X] Basic metabolic panel [X] CBC with differential [X] NT-proBNP [] Lipid panel [] Troponin T [] Prothrombin time with INR Other Studies Diagnostic Studies	In 4 hr., Post-op Now then every 3 hours, Starting H+4 Hours For 3 Occurrences In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op
Labs in 4 hours [] Basic metabolic panel [] Troponin T [] Prothrombin time with INR [] CBC with differential Labs Tomorrow [X] Basic metabolic panel [X] CBC with differential [X] NT-proBNP [] Lipid panel [] Troponin T [] Prothrombin time with INR Other Studies	In 4 hr., Post-op Now then every 3 hours, Starting H+4 Hours For 3 Occurrences In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op Once, Starting H+4 Hours In 4 hr., Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, 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 Please unselect if patient does not meet requirements for Repatient will not be referred to cardiac rehab due to:" (a reasonable)	eferral to Cardiac Rehab Phase II and select the order: "The
(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: