

Patient name _____ MRN _____

General

Inpatient Only Procedure (Single Response)

<input type="checkbox"/> Admit to Inpatient	Diagnosis: Admitting Physician: Attending 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. Pre-op
<input type="checkbox"/> Other	

Nursing

Vital Signs

<input type="checkbox"/> Vital signs - T/P/R/BP - Per Unit Protocol	Routine, Per unit protocol, Pre-op
<input type="checkbox"/> Vital signs - T/P/R/BP - Every 4 Hours	Routine, Every 4 hours, Pre-op
<input type="checkbox"/> Other	

Notify

<input type="checkbox"/> Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 101.5 Temperature less than: Systolic BP greater than: 180 Systolic BP less than: 80 Diastolic BP greater than: 120 Diastolic BP less than: 40 MAP less than: Heart rate greater than: 115 Heart rate less than: 45 Respiratory rate greater than: 25 Respiratory rate less than: SpO2 less than:
<input type="checkbox"/> Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 101.5 Temperature less than: Systolic BP greater than: 180 Systolic BP less than: 80 Diastolic BP greater than: 120 Diastolic BP less than: 40 MAP less than: Heart rate greater than: 115 Heart rate less than: 45 Respiratory rate greater than: 25 Respiratory rate less than: SpO2 less than:
<input type="checkbox"/> Other	

Stoma Therapist

<input type="checkbox"/> Stomal therapist to mark patient	Routine, Until discontinued, Starting S Colostomy irrigation (mLs): Pre-op
---	--

Other

Nursing

<input type="checkbox"/> Height and weight on arrival	Routine, Once, Pre-op
<input type="checkbox"/> Complete consent form	Routine, Once Procedure: Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Void on call to OR	Routine, Once, Pre-op
<input type="checkbox"/> Verify modification of diabetic agents	Routine, Until discontinued, Starting S Nurse to check with primary physician for diabetic medication adjustment., Post-op
<input type="checkbox"/> Verify lab results available	Routine, Once For 1 Occurrences Nurse to verify the following labs are available: PRE-OP: CBC, INR (if on coumadin), potassium, urinalysis; Call surgeon with abnormal results, Pre-op
<input type="checkbox"/> Verify surgical site confirmation documentation completed	Routine, Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Verify discontinuation of anti-thrombotics	Routine, Once For 1 Occurrences If patient has taken any of the following agents within the listed period prior to surgery, contact surgeon for further instructions: Apixaban, aspirin, clopidogrel, rivaroxiban, dabigatran, prasugrel, or ticagrelor; 5-7 days COUMADIN/warfarin 3-5 days; enoxaparin 12 hours; and heparin 4 hours prior to procedure. If patient is taking COUMADIN/warfarin within 72 hours of exam, have INR drawn prior to appointment., Pre-op
<input type="checkbox"/> Saline lock IV	Routine, Continuous, Pre-op
<input type="checkbox"/> Insert peripheral IV	Routine, Once, Pre-op
<input type="checkbox"/> Change IV site dressing	Routine, Per unit protocol, Pre-op
<input type="checkbox"/> Nasogastric tube insertion	Routine, Once Type: Set to low intermittent suction., Pre-op
<input type="checkbox"/> Tobacco cessation education	Routine, Once, Pre-op
<input type="checkbox"/> Alcohol and or drug assessment	Routine, Once, Pre-op
<input type="checkbox"/> Other	

Diet

<input type="checkbox"/> NPO - effective midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: Pre-op
<input type="checkbox"/> Other	

IV Fluids

IV Fluids

<input type="checkbox"/> sodium chloride 0.9 % infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> lactated Ringer's infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> dextrose 5%-sodium chloride 0.45% (D5-1/2NS) with potassium chloride (custom amount) infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.45% with potassium chloride (custom amount) infusion	intravenous, continuous, Pre-op
<input type="checkbox"/> Other	

Medications

Antibiotics - Pubovaginal Sling (Pre-Op): For Patients LESS than or EQUAL to 120 kg (Single Response)

HOP Outpatient Surgery approved antibiotic options for Pubovaginal Sling. If patient allergy prevents use of the options below, consult pharmacy or infectious disease consultant for alternative options.

<input type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefoxitin (MEFOXIN) 2 g IVPB	2 g, intravenous, for 30 Minutes, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin plus metronidazole for Penicillin Allergic Patients	"And" Linked Panel
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> metronidazole (FLAGYL) 500 mg IVPB	500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Other	

Antibiotics - Pubovaginal Sling (Pre-Op): For Patients GREATER than 120 kg (Single Response)

HOP Outpatient Surgery approved antibiotic options for Pubovaginal Sling. If patient allergy prevents use of the options below, consult pharmacy or infectious disease consultant for alternative options.

<input type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefoxitin (MEFOXIN) 2 g IVPB	2 g, intravenous, for 30 Minutes, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin plus metronidazole for Penicillin Allergic Patients	"And" Linked Panel
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> metronidazole (FLAGYL) 500 mg IVPB	500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Other	

Antibiotics - Prostate Biopsy: For Patients LESS than or EQUAL to 120 kg (Single Response)

HOP Outpatient Surgery approved antibiotic options for prostate biopsy surgery. If patient allergy prevents use of the options below, consult pharmacy or infectious disease consultant for alternative options.

<input type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefoxitin (MEFOXIN) 2 g injection	2 g, intravenous, for 30 Minutes, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> trimethoprim-sulfamethoxazole (BACTRIM) IVPB	320 mg, intravenous, for 2 Hours, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Other	

Antibiotics - Prostate Biopsy: For Patients GREATER than 120 kg (Single Response)

HOP Outpatient Surgery approved antibiotic options for prostate biopsy surgery. If patient allergy prevents use of the options below, consult pharmacy or infectious disease consultant for alternative options.

<input type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefoxitin (MEFOXIN) 2 g injection	2 g, intravenous, for 30 Minutes, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> trimethoprim-sulfamethoxazole (BACTRIM) IVPB	320 mg, intravenous, for 2 Hours, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Other	

Antibiotics - Penile Prosthesis Insertion, Removal, or Revision (Pre-Op) (Single Response)

HOP Surgery approved antibiotic options for penile prosthesis surgery. If patient allergy prevents use of the options below, please confirm that the allergy is documented on the patient allergy list and consult pharmacy or infectious disease consultant for alternative options.

<input type="checkbox"/> ampicillin-sulbactam (UNASYN) IVPB	3 g, intravenous, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin (GARAMYCIN) IVPB plus ceFAZolin (ANCEF) IVPB - For patients GREATER THAN 120 kg	"And" Linked Panel

<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefazolin (ANCEF) IVPB	3 g, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of procedure. Infuse over 30 minutes. Repeat 8 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin (GARAMYCIN) IVPB plus ceFAZolin (ANCEF) IVPB - For patients LESS than or EQUAL to 120 kg	"And" Linked Panel
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy:
<input type="checkbox"/> cefazolin (ANCEF) IVPB	2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of procedure. Infuse over 30 minutes. Repeat 8 hours after initial dose if still intra-op. Type of Therapy:
<input type="checkbox"/> gentamicin (GARAMYCIN) IVPB plus clindamycin (CLEOCIN) IVPB - For Penicillin or Vancomycin Allergic patients	"And" Linked Panel
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> clindamycin (CLEOCIN) IVPB	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Give within 1 hour of penile prosthesis procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin (GARAMYCIN) IVPB plus vancomycin (VANCOCIN) IVPB	"And" Linked Panel
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOCIN) IVPB	15 mg/kg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 2 hours of penile prosthesis procedure. Infuse over 90 minutes. Repeat 8 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Other	

Antibiotics

<input type="checkbox"/> levofloxacin (LEVAQUIN) IV solution	500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

[] For penicillin allergic patients: clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, 60 min pre-op, Starting S, For 1 Doses, Pre-op To be initiated within 1 hour of surgery. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] gentamicin (GARAMYCIN) IVPB plus clindamycin (CLEOCIN) IVPB - For Penicillin or Vancomycin Allergic patients	"And" Linked Panel
[] gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] clindamycin (CLEOCIN) IVPB	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Give within 1 hour of penile prosthesis procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] gentamicin (GARAMYCIN) IVPB plus vancomycin (VANCOCIN) IVPB	"And" Linked Panel
[] gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] vancomycin (VANCOCIN) IVPB	15 mg/kg, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 2 hours of penile prosthesis procedure. Infuse over 90 minutes. Repeat 8 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] Other	

Beta Blocker - Required if patient is on Home Beta Blockers (Pre-Op) (Single Response)

If patient is on a beta blocker at home, they should receive a dose on the day of procedure unless contraindicated.

() Contraindication to beta blocker - patient is on a beta blocker at home, but contraindicated at this time.	Routine, Until discontinued, Starting S, Pre-op
() metoprolol tartrate (LOPRESSOR) tablet	12.5 mg, oral, 60 min pre-op, Starting S, For 1 Doses, Pre-op Hold for systolic blood pressure less than 100 mmHg, diastolic blood pressure less than 60 mmHg, heart rate less than 50 bpm or patient is on a vassopressor or inotrope. HOLD parameters for this order: Contact Physician if:
[] Other	

VTE

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:

- 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 less 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

Step 1 - Pharmacologic (Single Response)

<input type="checkbox"/> Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
<input type="checkbox"/> Contraindication(s) exist(s) for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM if eGFR LESS than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 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 eGFR LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:

<p>() High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)</p> <p>Address both pharmacologic and mechanical prophylaxis by ordering from Step 1 and Step 2 unless Contraindication(s) exist(s).</p> <p>.</p>	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 if CrCL LESS than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 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 eGFR LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:
<p>() High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)</p> <p>Address both pharmacologic and mechanical prophylaxis by ordering from Step 1 and Step 2 unless Contraindication(s) exist(s).</p> <p>.</p>	
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 if CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 if CrCL LESS than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 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 eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (time critical), Starting S+1 To be Given on Post Op Day 1.

<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical)
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily 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 eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
Address both pharmacologic and mechanical prophylaxis by ordering from Step 1 and Step 2 unless Contraindication(s) exist(s).	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical)
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 1700 (time critical) if eGFR LESS than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily 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 eGFR LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Other	

Step 2 - Mechanical (Single Response)

<input type="checkbox"/> Moderate risk: No mechanical VTE prophylaxis because pharmacologic has been ordered and the need for dual prophylaxis is not indicated	Routine, Once
<input type="checkbox"/> Contraindication(s) exist(s) for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
<input type="checkbox"/> Place sequential compression device	Routine, Once
<input type="checkbox"/> Place sequential compression device and antiembolic stockings	"And" Linked Panel
<input type="checkbox"/> Place sequential compression device	Routine, Once
<input type="checkbox"/> Place antiembolic stockings	Routine, Once
<input type="checkbox"/> Other	

Labs

Laboratory

<input type="checkbox"/> Basic metabolic panel	Once, Pre-op
<input type="checkbox"/> Electrolyte panel	Once, Pre-op
<input type="checkbox"/> Creatinine level	Once, Pre-op
<input type="checkbox"/> BUN level	Once, Pre-op
<input type="checkbox"/> Hemoglobin and hematocrit	Once, Pre-op
<input type="checkbox"/> CBC with platelet and differential	Once, Pre-op
<input type="checkbox"/> Type and screen	Once, Pre-op
<input type="checkbox"/> Prothrombin time with INR	Once, Pre-op
<input type="checkbox"/> Partial thromboplastin time	Once, Pre-op
<input type="checkbox"/> Urine culture screen	Once, Urine, Pre-op
<input type="checkbox"/> Urinalysis, automated with microscopy	Once, Pre-op
<input type="checkbox"/> hCG QUALitative, urine	Once, Pre-op
<input type="checkbox"/> POC glucose	Once, Pre-op
<input type="checkbox"/> Other	

Imaging

Imaging

<input type="checkbox"/> Chest 2 Vw	Routine, 1 time imaging For 1 , Pre-op
<input type="checkbox"/> Other	

Other Studies

Other Diagnostic Studies

<input type="checkbox"/> ECG 12 lead	Routine, Once Clinical Indications: Interpreting Physician: Pre-op
<input type="checkbox"/> Other	

Consults

For Physician Consult orders use sidebar

Consults

<input type="checkbox"/> Consult to Anesthesiology	Reason for Consult? How was the consultant contacted? Pre-op
--	--

<input type="checkbox"/> Consult to Cardiology	Reason for Consult? How was the consultant contacted? Pre-op
<input type="checkbox"/> Consult to Internal Medicine	Reason for Consult? How was the consultant contacted? Pre-op
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Pre-op
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? Pre-op
<input type="checkbox"/> Consult to Case Management	Consult Reason: Pre-op
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Pre-op
<input type="checkbox"/> Other	

Physician signature _____

Date _____