Vaginal Delivery Post Partum [1340]

General

Precautions

[ ] Fall precautions	Increased observation level needed: On Admission and every 8 hours, L&D Pre-Delivery
[ ] Latex precautions	L&D Pre-Delivery
[ ] Seizure precautions	Increased observation level needed: Initiate seizure/ PIH precautions, L&D Pre-Delivery

Nursing

Activity

[X] Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated Postpartum
[X] Patient may shower	Routine, As needed Specify: Additional modifier: Postpartum

Vital Signs

[X] Vital signs - T/P/R/BP	Routine, Every 15 min Complete vital signs every 15 minutes x 4, followed by every 30 minutes x 2, followed by every 4 hours x 24 hours, followed by floor protocol., Postpartum
[ ] Vital signs	Routine, Per unit protocol, Postpartum

Nursing care

[ ] Discontinue IV	Routine, Once Discontinue IV when infusion complete and patient is stable. May saline lock if patient still requires IV medications., Postpartum
[ ] Breast pump to bed	Routine, Once, Postpartum
[X] Bladder scan	Routine, As needed Bladder scan if patient has not voided in 6 hours. If urine present, assist patient to void, preferably in upright position, on bedpan. Notify physician if unable to void., Postpartum
[X] Straight cath	Routine, Conditional Frequency For 1 Occurrences Post bladder scan: If regional block and unable to void on bedpan, may straight cath x 1 then insert foley to Bed Side Drainage (record amount obtained from straight cath)., Postpartum
[X] Insert and maintain Foley	
[X] Insert Foley catheter	Routine, Conditional Frequency For 1 Occurrences Type: Size: Urinometer needed: If regional block and unable to void on bedpan, may straight cath x 1 then insert foley to Bed Side Drainage (record amount obtained from straight cath)., Postpartum
[X] Foley Catheter Care	Routine, Conditional Frequency Orders: Maintain Postpartum
[ ] Uterine fundal massage	Routine, Every 4 hours For Until specified Postpartum for 24 hours and PRN, Postpartum
[ ] Infant skin to skin on mother immediately after birth unless not clinically appropriate	Routine, Until discontinued, Starting S, Postpartum
[ ] Initiate breastfeeding immediately following delivery	Routine, Until discontinued, Starting S, Postpartum

[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
[ ] Place antiembolic stockings	Routine, Until discontinued, Starting S, Postpartum

Perineal Care

[X] Apply ice pack	Routine, Until discontinued, Starting S Afftected area: To perineum, for 8-12 hours after delivery then may have sitz bath at least two times daily, then as needed for patient discomfort. Postpartum
[ ] Sitz bath	Routine, Once Begin 8-12 hours post-delivery as needed, Postpartum
[X] Patient education- Perineal instructions post delivery	Routine, Once Patient/Family: Patient Education for: Other (specify) Specify: Perineal care instructions after delivery Postpartum

Notify

[X] Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100.4 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 80 Diastolic BP greater than: 110 Diastolic BP less than: 50 MAP less than: Heart rate greater than (BPM): Heart rate less than (BPM): Respiratory rate greater than: 24 Respiratory rate less than: 12 SpO2 less than:
[ ] Notify Physician if uterus boggy and blood pressure is less than 140/90	Routine, Until discontinued, Starting S, Postpartum
[X] Notify Physician if unable to void	Routine, Until discontinued, Starting S, Postpartum
[X] Notify Physician for abnormal bleeding	Routine, Until discontinued, Starting S, Postpartum
[ ] Notify Lactation Specialist	Routine, Until discontinued, Starting S, To see patient, Postpartum
[X] Notify Physician for discharge order when:	Routine, Until discontinued, Starting S, Temperature is not above 100 degrees F for at least 12 hours, able to void adequately, able to verbalize discharge instructions, patient has discharge prescriptions, if indicated, Postpartum

Diet

[X] Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Postpartum
[ ] Diet - Clear Liquid	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Advance target diet criteria: Liquid Consistency: Fluid Restriction: Foods to Avoid: Postpartum

IV Fluids

Medications

Vaccines - NOT HMSJ

[X] measles-mumps-rubella Vaccine	0.5 mL, subcutaneous, once PRN, immunization, For 1 Doses, Postpartum Patient Consent if Rubella Non-Immune
[X] diphtheria-pertussis-tetanus (ADACEL) Vaccine	0.5 mL, intramuscular, once PRN, immunization, For 1 Doses, Postpartum Upon patient consent and prior to discharge.

Vaccines - HMSJ Only

[X] measles-mumps-rubella Vaccine	0.5 mL, subcutaneous, once PRN, immunization, For 1 Doses, Postpartum Patient Consent if Rubella Non-Immune
[X] Tdap (BOOSTRIX) Vaccine	0.5 mL, intramuscular, once PRN, immunization, immunization, For 1 Doses, Postpartum Upon patient consent and prior to discharge.

Prenatal Vitamins - NOT HMH, HMWB

[ ] multivitamin prenatal	1 tablet, oral, daily, Postpartum

Prenatal Vitamins - HMH, HMWB Only

[ ] PNV #30-iron-folic acid-omega3 30 mg iron-10 mg iron-1 mg per capsule	1 capsule, oral, daily, Postpartum

Mild Pain (Pain Score 1-3) - NOT HMSL (Single Response)

( ) acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), headaches, fever, Postpartum Monitor and record pain scores and respiratory status. Maximum of 3 gramsof acetaminophen per day
( ) HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Postpartum Monitor and record pain scores and respiratory status. Maximum of 3 gramsof acetaminophen per day
( ) HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Postpartum
( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Postpartum

Mild Pain (Pain Score 1-3) - HMSL Only (Single Response)

( ) acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), headaches, fever, Postpartum Monitor and record pain scores and respiratory status. Maximum of 3 gramsof acetaminophen per day
( ) HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Postpartum Monitor and record pain scores and respiratory status. Maximum of 3 gramsof acetaminophen per day
( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Postpartum

Moderate Pain (Pain Score 4-6) - NOT HMSL, HMSJ (Single Response)

( ) HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum
( ) HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum
( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum

Moderate Pain (Pain Score 4-6) - HMSL, HMSJ Only (Single Response)

( ) HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum
( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum

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

( ) HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Postpartum
( ) oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Postpartum Monitor and record pain scores and respiratory status. Maximum of 3 gramsof acetaminophen (total from all sources) per day in adults.
( ) oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, severe pain (score 7-10), Postpartum Monitor and record pain scores and respiratory status

Adjunct Pain Medications

[ ] ketorolac (TORADOL) tablet	10 mg, oral, every 6 hours PRN, moderate pain (score 4-6), For 5 Days, Postpartum
[ ] ketorolac (TORADOL) IV (Single Response)	

Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age.
WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

( ) For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days
( ) For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days
[X] ibuprofen (ADVIL,MOTRIN) tablet	600 mg, oral, every 6 hours PRN, Cramping, Laceration or Incision Pain, Postpartum May be used in conjunction with acetaminophen with codeine (TYLENOL #3) tablets.

Perineal Care - HMH, HMSTC, HMSTJ Only

[X] dibucaine (NUPERCAINAL) 1 % ointment	Topical, every 3 hours PRN, hemorrhoids, Postpartum
[ ] benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray	Topical, PRN, mild pain (score 1-3), Postpartum PLACE AT BEDSIDE; PATIENT MAY SELF ADMINISTER. For topical use only.
[ ] hydrocortisone-pramoxine (PROCTOFOAM-HS) rectal foam	1 applicator, rectal, 2 times daily, Postpartum
[ ] glycerin-witch hazel 12.5-50 % topical (TUCKS) pads	Topical, daily PRN, irritation, Postpartum

Perineal Care - HMSL Only

[X] dibucaine (NUPERCAINAL) 1 % ointment	Topical, every 3 hours PRN, hemorrhoids, Postpartum
[ ] benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray	Topical, PRN, mild pain (score 1-3), Postpartum PLACE AT BEDSIDE; PATIENT MAY SELF ADMINISTER. For topical use only.
[ ] dibucaine (NUPERCAINAL) 1 % ointment	1 application, Topical, 3 times daily, Postpartum
[X] glycerin-witch hazel 12.5-50 % topical pads pads, medicated	Topical, daily PRN, irritation, Postpartum

Perineal Care - HMWB, HMTW Only

[X] dibucaine (NUPERCAINAL) 1 % ointment	Topical, every 3 hours PRN, hemorrhoids, Postpartum
[ ] benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray	Topical, PRN, mild pain (score 1-3), Postpartum PLACE AT BEDSIDE; PATIENT MAY SELF ADMINISTER. For topical use only.
[X] glycerin-witch hazel 12.5-50 % topical (TUCKS) pads	Topical, daily PRN, irritation, Postpartum

Perineal Care - HMSJ Only

[X] benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray	Topical, PRN, mild pain (score 1-3), Postpartum PLACE AT BEDSIDE; PATIENT MAY SELF ADMINISTER. For topical use only.
[X] dibucaine (NUPERCAINAL) 1 % ointment	1 application, Topical, PRN, hemorrhoids, Postpartum
[X] glycerin-witch hazel 12.5-50 % topical (TUCKS) pads	Topical, daily PRN, irritation, Postpartum

Perineal Care - HMW Only

[X] dibucaine (NUPERCAINAL) 1 % ointment	Topical, every 3 hours PRN, hemorrhoids, Postpartum
[X] benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray	Topical, PRN, mild pain (score 1-3), Postpartum PLACE AT BEDSIDE; PATIENT MAY SELF ADMINISTER. For topical use only.
[ ] hydrocortisone-pramoxine (EPIFOAM) foam	1 application, Topical, 3 times daily, Postpartum
[X] glycerin-witch hazel 12.5-50 % topical (TUCKS) pads	Topical, daily PRN, irritation, Postpartum

Breast Care

[X] lanolin cream	1 application, Topical, PRN, dry skin, nipple redness or pain, Postpartum

Bowel Care - NOT HMSJ

[ ] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly PRN, constipation, Postpartum
[ ] magnesium hydroxide suspension	30 mL, oral, nightly PRN, indigestion, Postpartum
[ ] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Postpartum
[X] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Postpartum
[X] dibucaine (NUPERCAINAL) 1 % ointment	1 application, rectal, PRN, constipation, Postpartum

Bowel Care - HMSJ Only

[ ] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly PRN, constipation, Postpartum
[ ] magnesium hydroxide suspension	30 mL, oral, nightly PRN, indigestion, Postpartum
[ ] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Postpartum
[X] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Postpartum

Fever Care

[X] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, For temperature greater than 100.4, Postpartum
[ ] aspirin tablet	325 mg, oral, every 4 hours PRN, For temperature greater than 100.4, Postpartum

Itching

[ ] diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, every 4 hours PRN, itching, severe itching, Postpartum Use if patient is unable to swallow or faster onset is needed. Contact anesthesiologist if administering within 24 hours of receiving Duramorph.
[ ] diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 4 hours PRN, itching, severe itching, Postpartum Give if patient is able to tolerate oral medication. Contact anesthesiologist if administering within 24 hours of receiving Duramorph.
[ ] nalbuphine (NUBAIN) injection	2 mg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Postpartum If itching not alleviated by Benadryl. Use if patient is unable to swallow or faster onset is needed

PostPartum Oxytocin

[X] oxytocin (PITOCIN) Bolus and Maintenance Infusion	**"Followed by" Linked Panel**

[X] oxytocin 30 unit/500 mL bolus from bag	10 Units, intravenous, at 334 mL/hr, for 30 Minutes, once, For 1 Doses, Postpartum Infuse 10 units Bolus over 30 minutes.
[X] oxytocin (PITOCIN) infusion	95 mL/hr, intravenous, once, Starting H+30 Minutes, For 1 Doses, Postpartum Total 20 units over 3.5 hours. (Infuse at rate of 95 mL/hr over 3.5 hours) Increase to 999 mL/hr for uterine tone and bleeding per physician instructions.

Bleeding Medications PostPartum (Single Response)

( ) oxytocin (PITOCIN) infusion and methylergonovine (METHERGINE)	**"And" Linked Panel**
methylergonovine (METHERGINE) is contraindicated if BP GREATER than 140/90 mmHg	
[ ] oxytocin (PITOCIN) infusion	95 mL/hr, intravenous, continuous PRN, PostPartum Vaginal Bleeding, Postpartum Increase to 999 mL/hr for uterine tone and bleeding per physician instructions.
[ ] methylergonovine (METHERGINE) injection - Contraindicated if BP GREATER than 140/90 mmHg	200 mcg, intramuscular, once PRN, as needed for vaginal bleeding not controlled by oxytocin, For 1 Doses, Postpartum Use if inadequate response to oxytocin. Notify Physician if further treatment needed. Contraindicated if BP GREATER than 140/90 mmHg
( ) oxytocin (PITOCIN) infusion AND carboprost (HEMABATE) injection And diphenoxylate-atropine (LOMOTIL) oral dose	**"And" Linked Panel**
[ ] oxytocin (PITOCIN) infusion	95 mL/hr, intravenous, continuous PRN, PostPartum Vaginal Bleeding, Postpartum Increase to 999 mL/hr for uterine tone and bleeding per physician instructions.
[ ] carboprost (HEMABATE) injection	250 mcg, intramuscular, once PRN, for Vaginal Bleeding uncontrolled by oxytocin., For 1 Doses, Postpartum
[ ] diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet	1 tablet, oral, once PRN, diarrhea, For 1 Doses, Postpartum
( ) oxytocin (PITOCIN) infusion and misoprostol (CYTOTEC)	**"And" Linked Panel**
[ ] oxytocin (PITOCIN) infusion	95 mL/hr, intravenous, continuous PRN, Postpartum Bleeding, Postpartum Increase to 999 mL/hr for uterine tone and bleeding per physician instructions.
[ ] misoprostol (CYTOTEC) tablet	1,000 mcg, rectal, once PRN, as needed for vaginal bleeding not controlled by oxytocin, For 1 Doses, Postpartum Use if inadequate response to oxytocin. Notify Physician if further treatment needed.

Insomnia: Zolpidem for Patients LESS than 70 years of age (Single Response)

(X) zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Postpartum

Antiemetics - HMH, HMSJ, HMW, HMSTC Only

[X] promethazine (PHENERGAN) OR ondansetron (ZOFRAN) IV	**"Or" Linked Panel**
[X] ondansetron (ZOFRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Postpartum Give ondansetron (ZOFRAN) as first choice for Antiemetic
[X] promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFRAN) is ineffective.

Antiemetics - HMSL, HMWB

[X] promethazine (PHENERGAN) OR ondansetron (ZOFRAN) IV	**"Or" Linked Panel**
[X] ondansetron (ZOFRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Postpartum Give as first choice for antiemetic.
[X] promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFRAN) is ineffective.

Antiemetics - HMSTJ Only

[X] promethazine (PHENERGAN) OR ondansetron (ZOFRAN) IV	**"Or" Linked Panel**
[X] ondansetron (ZOFRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Postpartum Give as first choice for Antiemetic.
[X] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFRAN) is ineffective.

Rh Negative Mother

Nursing

[X] Rhogam Workup: If cord blood is Rh positive, complete Rhogam workup on mother and administer Rh immune globulin 300 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery.	Routine, Until discontinued, Starting S, Postpartum

Labs

[X] Fetal Screen	Conditional Frequency For 1 Occurrences Conditional- One activation- If Rh Negative Mom and Rh Positive infant, Postpartum
[ ] Rhogam Type and Screen	Once, Postpartum

Medication

[X] rho(D) immune globulin (HYPERRHO/RHOGAM) injection	300 mcg, intramuscular, PRN, Rhogam Workup: If cord blood is Rh positive, complete Rhogam workup on mother and administer Rh immune globulin 300 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery., For 1 Doses, Postpartum

VTE

DVT 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

( ) Low Risk of DVT	
[ ] Low Risk (Single Response)	
( ) Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation Postpartum

( ) Moderate Risk of DVT - Surgical

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

[ ] Moderate Risk	
[ ] Moderate risk of VTE	Routine, Once, Postpartum
[ ] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Postpartum
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, Postpartum If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Postpartum
( ) 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, Postpartum 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, Postpartum Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Postpartum
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
[ ] Place antiembolic stockings	Routine, Once, Postpartum

( ) Moderate Risk of DVT - Non-Surgical

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

[ ] Moderate Risk	
[ ] Moderate risk of VTE	Routine, Once, Postpartum
[ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Postpartum
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Postpartum If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, Postpartum
( ) 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, Postpartum 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), Postpartum Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Postpartum
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
[ ] Place antiembolic stockings	Routine, Once, Postpartum

( ) High Risk of DVT - Surgical

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

[ ] High Risk	
[ ] High risk of VTE	Routine, Once, Postpartum
[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Postpartum
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, Postpartum If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Postpartum
( ) 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, Postpartum 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, Postpartum Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Postpartum
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
[ ] Place antiembolic stockings	Routine, Once, Postpartum

( ) High Risk of DVT - Non-Surgical

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

[ ] High Risk	
[ ] High risk of VTE	Routine, Once, Postpartum
[ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Postpartum
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Postpartum If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, Postpartum
( ) 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, Postpartum 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), Postpartum Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Postpartum
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
[ ] Place antiembolic stockings	Routine, Once, Postpartum

( ) High Risk of DVT - Surgical (Hip/Knee)

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

[ ] High Risk	
[ ] High risk of VTE	Routine, Once, Postpartum
[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Postpartum
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum
( ) apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1, Postpartum Indications:
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1, Postpartum
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, Postpartum
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.

( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, Postpartum If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Postpartum
( ) 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, Postpartum 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, Postpartum To be Given on Post Op Day 1. Indications:
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1, Postpartum Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Postpartum
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
[ ] Place antiembolic stockings	Routine, Once, Postpartum

DVT 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

( ) Low Risk of DVT

[ ] Low Risk (Single Response)

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

( ) Moderate Risk of DVT - Surgical

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

[ ] Moderate Risk

[ ] Moderate risk of VTE	Routine, Once, Postpartum
[ ] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Postpartum
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, Postpartum If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Postpartum
( ) 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, Postpartum 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, Postpartum Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Postpartum
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**

[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
[ ] Place antiembolic stockings	Routine, Once, Postpartum

( ) Moderate Risk of DVT - Non-Surgical

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

[ ] Moderate Risk	
[ ] Moderate risk of VTE	Routine, Once, Postpartum
[ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Postpartum
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Postpartum If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, Postpartum
( ) 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, Postpartum 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), Postpartum Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Postpartum
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
[ ] Place antiembolic stockings	Routine, Once, Postpartum

( ) High Risk of DVT - Surgical

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

[ ] High Risk	
[ ] High risk of VTE	Routine, Once, Postpartum
[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Postpartum
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, Postpartum If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Postpartum
( ) 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, Postpartum 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, Postpartum Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Postpartum
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
[ ] Place antiembolic stockings	Routine, Once, Postpartum
( ) High Risk of DVT - Non-Surgical	

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

[ ] High Risk	
[ ] High risk of VTE	Routine, Once, Postpartum
[ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Postpartum
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, Postpartum
( ) 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, Postpartum 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), Postpartum Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Postpartum
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
[ ] Place antiembolic stockings	Routine, Once, Postpartum

( ) High Risk of DVT - Surgical (Hip/Knee)

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

[ ] High Risk	
[ ] High risk of VTE	Routine, Once, Postpartum
[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	

( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Postpartum
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum
( ) apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1, Postpartum Indications:
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1, Postpartum
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, Postpartum
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, Postpartum If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Postpartum
( ) 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, Postpartum 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, Postpartum To be Given on Post Op Day 1. Indications:
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1, Postpartum Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Postpartum
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum

[ ] Place antiembolic stockings	Routine, Once, Postpartum

Labs

Hematology

[ ] CBC with platelet and differential	AM draw For 1 Occurrences, Postpartum
[ ] Hemoglobin	AM draw For 1 Occurrences, Postpartum
[ ] Hematocrit	AM draw For 1 Occurrences, Postpartum

Chemistry

[ ] Creatinine	AM draw, Starting S+1 For 1 Occurrences, Postpartum

Hypertensive Lab Panel

[ ] Hypertensive Lab Panel	
[ ] CBC with differential	Once, Postpartum
[ ] Comprehensive metabolic panel	Once, Postpartum
[ ] Prothrombin time with INR	Once, Postpartum
[ ] Partial thromboplastin time	Once, Postpartum
[ ] Fibrinogen	Once, Postpartum
[ ] Magnesium	Once, Postpartum
[ ] Uric acid	Once, Postpartum
[ ] Creatinine, urine, random	Once, Postpartum
[ ] Protein, urine, random	Once, Postpartum
[ ] LDH	Once, Postpartum
[ ] D-dimer	Once, Postpartum

24 Hour Urine

[ ] Creatinine clearance, urine, 24 hour	Once, Postpartum
[ ] Protein, urine, 24 hour	Once, Postpartum

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Physician consult

[ ] Consult to Neonatology	Reason for Consult? to perform circumcision on newborn Postpartum

Ancillary Consults

[X] Consult to Lactation Consultant	Reason for Consult? Postpartum, If needed
[ ] Consult to Social Work	Reason for Consult: Postpartum
[ ] Consult to Spiritual Care	Reason for consult? Postpartum

Additional Orders