General	
Elective Outpatient, Observation, or Admission (Singl	• •
() Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
() Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician:
	Patient Condition:
	Bed request comments: PACU & Post-op
() Outpatient in a bed - extended recovery	Diagnosis:
() - p	Admitting Physician:
	Bed request comments:
	PACU & Post-op
() Admit to Inpatient	Diagnosis:
	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments: Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
	PACU & Post-op
Code Status	
[] Full code	Code Status decision reached by:
DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
[] Consult to Palliative Care Service	Priority: Reason for Consult?
	Order?
	Name of referring provider:
	Enter call back number:
[] Consult to Social Work	Reason for Consult:
[] Modified Code	Does patient have decision-making capacity?
	Modified Code restrictions:
[] Treatment Restrictions	Treatment Restriction decision reached by:
	Specify Treatment Restrictions:
Isolation	
[] Airborne isolation status	Details
[] Contact isolation status	Details
Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Nursing	
Vital Signs	
[] Vital signs - T/P/R/BP	Routine, Every 4 hours For 24 Hours, Post-op
[] Vital signs - T/P/R/BP	Routine, Every 8 hours, Post-op

Printed on 4/18/2019 at 2:10 PM from SUP

Activity

[] Dan	gle at bedside	Routine, Once Sit on side of bed or out of bed to chair tonight as tolerated., Post-op
[] Amt	pulate patient	Routine, Now then every 4 hours Specify: While awake; record in nurses' notes., Post-op
Nursing	3	
[X] Noth	ning per rectum	Routine, Until discontinued, Starting S, Post-op
[] Pati	ent education (specify)	Routine, Once Patient/Family: Education for: Other (specify) Specify: Prostatectomy Post-op
[] Cath	neter care education	Routine, Once Foley care., Post-op
[] Intal	ke and output	Routine, Every 4 hours, Post-op
[] Fole	ey catheter care	Routine, Until discontinued, Starting S Orders: Maintain Remove only by provider order. Patient will be going home with foley catheter., Post-op
[] Fole	ey catheter care	Routine, Until discontinued, Starting S Orders: Maintain To bedside drainage. Apply leg strap. Change to leg bag when patient begins ambulating. Instruct patient/family in fole care.
[] Drai	n care	Routine, Until discontinued, Starting S Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt to Compression (Bulb) Suction; Notify MD if output greater than 120 milliliters in 8 hours., Post-op
[] Suti	re removal kit to bedside	Routine, Until discontinued, Starting S, Post-op
[] Turr	n cough deep breathe	Routine, Every hour While awake, Post-op
	ntive spirometry	Routine, Every hour while awake 10 deep puffs every hour, Post-op
[] Disc	harge criteria	Routine, Once For 1 Occurrences Ambulating without difficulty, pain controlled with oral analgesic, able to manage foley catheter, afebrile, tolerating diet, has discharge prescriptions, Post-op
[] Ice (chips	Routine, Until discontinued, Starting S May have sips of water or ice chips sparingly on day of surgery, Post-op
Notify		
	fy physician or resident if Jackson Pratt drain output ater than 120 mL in 8 hours.	Routine, Until discontinued, Starting S, Post-op
[] Noti 101. than puls	fy physician or resident if temperature greater than 5°; Systolic Blood Pressure less than 90 or greater 160; Diastolic Blood Pressure greater than 100; e less than 60 or greater than 120; Urine output less 150 mL per 4 hours	Routine, Until discontinued, Starting S, Post-op
	fy physician or resident when discharge criteria are	Routine, Until discontinued, Starting S, Post-op

[] NPO	Diet effective now, Starting S
	NPO: Pre-Operative fasting options:
	Except sips of water or ice chips sparingly on day of surgery.,
	Post-op
[] Diet	Diet effective now, Starting S
	Diet(s): Regular
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction: Foods to Avoid:
	As tolerated on postoperative day 1., Post-op
[] Diet - Clear Liquids	Diet effective now, Starting S
	Diet(s): Clear Liquids
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
IV Fluids	
IV Fluids (Single Response)	
() sodium chloride 0.9 % infusion	100 mL/hr, intravenous, continuous, Post-op
() lactated Ringer's infusion	100 mL/hr, intravenous, continuous, Post-op
() dextrose 5%-0.9% sodium chloride infusion	100 mL/hr, intravenous, continuous, Post-op
 dextrose 5 % and sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion 	100 mL/hr, intravenous, at 100 mL/hr, continuous, Post-op
() dextrose 5 % and lactated Ringer's infusion	100 mL/hr, intravenous, continuous, Post-op
() dextrose 5%-0.45% sodium chloride infusion	100 mL/hr, intravenous, continuous, Post-op
 dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion 	100 mL/hr, intravenous, continuous, Post-op
Medications	
Medications	
[] oxybutynin (DITROPAN) tablet	5 mg, oral, once PRN, bladder spasms, For 1 Doses, Post-op PACU continue to Floor/ICU
[] phenazopyridine (PYRIDIUM) tablet	200 mg, oral, once PRN, dysuria, For 1 Doses, Post-op PACU continue to ICU/Floor
[] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, once PRN, moderate pain (score 4-6), For 1 Doses, Post-op
Antiemetics - HMH, HMSJ, HMW, HMSTC, HMTW Only	
[X] ondansetron (ZOFRAN) IV or Oral	"Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting,

[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
[X] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiemetics - HMSTJ Only	
X] ondansetron (ZOFRAN) IV or Oral	"Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
X] promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel
 [X] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB 	12.5 mg, intravenous, for 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-c 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 - HMSL, HMWB Only X] ondansetron (ZOFRAN) IV or Oral	"Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
X] promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
[X] promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	 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-c 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.
Bowel Care (Single Response)	
) sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly PRN, constipation, Post-op
) sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet) simethicone (MYLICON) chewable tablet 	160 mg, oral, 4 times daily PRN, flatulence, Post-op
) sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet) simethicone (MYLICON) chewable tablet) docusate sodium (COLACE) capsule 	160 mg, oral, 4 times daily PRN, flatulence, Post-op 100 mg, oral, 2 times daily PRN, constipation, Post-op
) sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet) simethicone (MYLICON) chewable tablet) docusate sodium (COLACE) capsule) magnesium hydroxide suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE 	160 mg, oral, 4 times daily PRN, flatulence, Post-op
) sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet) simethicone (MYLICON) chewable tablet) docusate sodium (COLACE) capsule) magnesium hydroxide suspension - NOT 	 160 mg, oral, 4 times daily PRN, flatulence, Post-op 100 mg, oral, 2 times daily PRN, constipation, Post-op 30 mL, oral, every 12 hours PRN, constipation, Post-op Do not give if patient is on hemodialysis or is in chronic renal

Itching: For Patients GREATER than 77 years old (Single Response)

Itching: For Patients between 70-76 years old (Single Response) () cetirizine (ZyrTEC) tablet 5 mg, oral, daily PRN, itching, Post-op Itching: For Patients LESS than 70 years old (Single Response) () diphenhydrAMINE (BENADRYL) tablet 25 mg, oral, every 6 hours PRN, itching, Post-op () hydrOXYzine (ATARAX) tablet 10 mg, oral, every 6 hours PRN, itching, Post-op () cetirizine (ZyrTEC) tablet 5 mg, oral, daily PRN, itching, Post-op () fexofenadine (ALLEGRA) tablet - For eGFR LESS than 60 mg, oral, 2 times daily PRN, itching, Post-op 80 mL/min, reduce frequency to once daily as needed Insomnia: For Patients GREATER than 70 years old (Single Response) () ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep, Post-op Insomnia: For Patients LESS than 70 years old (Single Response) () zolpidem (AMBIEN) tablet 5 mg, oral, nightly PRN, sleep, Post-op () ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep, Post-op 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 PACU & Post-op 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, PACU & Post-op [] 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:

PACU & Post-op

5 mg, oral, daily PRN, itching, Post-op

() cetirizine (ZyrTEC) tablet

() (Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() e	enoxaparin (LOVENOX) injection (Single Response)	·
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Startin 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 CrCI 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 CrCI 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
() f	ondaparinux (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):
	neparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
۱	neparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() \	warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] M	echanical Prophylaxis (Single Response)	
() (Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
(Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
· · ·	Place sequential compression device and antiembolic stockings	"And" Linked Panel
[]	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[]	Place antiembolic stockings	Routine, Once, PACU & Post-op
Addı	erate Risk of DVT - Non-Surgical ress pharmacologic prophylaxis by selecting one of the follo macologic prophylaxis is contraindicated.	owing. Mechanical prophylaxis is optional unless
	oderate Risk	Douting Organ DACIL 9 Dect of
	Moderate risk of VTE	Routine, Once, PACU & Post-op
	oderate Risk Pharmacological Prophylaxis - on-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: PACU & Post-op
()	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
$\overline{()}$	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 CrCI 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 CrCI 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), PACU & Post-op 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): PACU & Post-op
()	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
()	Place sequential compression device and antiembolic stockings	"And" Linked Panel
[]	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
	Place antiembolic stockings	Routine, Once, PACU & Post-op
	h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by or	dering from Pharmacological and Mechanical Prophylaxis
	High Risk	
L <u> </u> []	High risk of VTE	Routine, Once, PACU & Post-op
	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: PACU & Post-op
inted	on 4/18/2019 at 2:10 PM from SUP	Page 7 of 17

() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response)	
() 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 CrCI 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, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op 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): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 Place sequential compression device and antiembolic stockings 	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[] Place antiembolic stockings High Risk of DVT - Non-Surgical	Routine, Once, PACU & Post-op
Address both pharmacologic and mechanical prophylaxis by or	dering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Personal)	Routine, Once, PACU & Post-op
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: PACU & Post-op

() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following
	contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response)	
() 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	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, PACU & Post-o
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
75yrs)	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), PACU & Post-op 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): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[] Place antiembolic stockings	Routine, Once, PACU & Post-op
High Risk of DVT - Surgical (Hip/Knee) Address both pharmacologic and mechanical prophylaxis by or	rdering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] 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: PACU & Post-op
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op

LESS than 30 mL/min - knee/hip arthroplasty 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 (tim critical), Starting S+1 () 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 (tim critical), Starting S+1 () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 70 mg, subcutaneous, 2 times daily at 0600, 1800 (tim critical), Starting S+1 () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, 2 times daily at 0600, 1800 (tim critical), Starting S+1, PACU & Post-op () heparin (porcine) injection 2.5 mg, subcutaneous, every 8 hours, S+1 at 6:0 ML/min () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:0 ML/min () rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:0 ML/min () warfarin (COUMADIN) tablet 50al op 1. Indications: 5,000 Units critical), Starting S+1, PACU & Post-op () Mechanical Prophylaxis (Single Response) 5,000 Line continuous, PACU & Post-op 50al op 1. Indication; () Place/Maintain sequential compression device continuous <th></th> <th></th>		
() aspinin (Everable tablet 162 mg, oral, daily, Starting S+1, PACU & Post-op () enoxaparin (LOVENOX) injection (Single Response) 40 mg, subcutaneous, daily at 0600 (time critical), Sta Starting S+1, PACU & Post-op () enoxaparin (LOVENOX) syringe - hip arthoplasty 30 mg, subcutaneous, daily at 0600, 1800 (time critical), Starting S+1 () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min. 30 mg, subcutaneous, daily at 0600, 1800 (time critical), Starting S+1 () 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 () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (tim critical), Starting S+1 () 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 (tim critical), Starting S+1, PACU & Post-op () heparin (porcine) injection 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op () heparin (porcine) injection 5.000 Units, subcutaneous, every 12 hours, S+1 at 6:0 AM, PACU & Post-op () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5.000 Units, subcutaneous, every 12 hours, S+1 at 6:0 AM, PACU & Post-op () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	() apixaban (ELIQUIS) tablet	Post-op
() apprint (ECOTFIN) enteric coated tablet 162 mg, oral, daily, Starting S+1, PACU & Post-op () enoxaparin (LOVENOX) syringe - hip arthoplasty 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 () enoxaparin (LOVENOX) syringe - hip arthoplasty 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 () enoxaparin (LOVENOX) syringe - For Patients with CrCL 20 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 () 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 (tim critical), Starting S+1 () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. 40 mg, subcutaneous, 2 times daily at 0600, 1800 (tim critical), Starting S+1 () 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 (tim critical), Starting S+1 () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, 2 times daily at 0600, 1800 (tim critical), Starting S+1 () heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:0 AMZ, portor at subcutaneous, every 9 hours, S+1 at 6:0 AMZ, portop () heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:0 AMZ, portis subcortaneous, every 12 hours, S+1 at 6:0 AMZ, port	() aspirin chewable tablet	
 enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - For Patients with CrCL enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 m/Lmin. enoxaparin (LOVENOX) syringe - For Patients weight for Patients weight between 100-139 kg and CrCl GREATER than 30 m//min for Patients weight 140 kg or GREATER and CrCl GREATER than 30 m//min for Patients weight 1140 kg or GREATER and CrCl GREATER than 30 m//min for patients weight 100 kg or GREATER and CrCl GREATER than 30 m//min for patient has a history of or suspected case f Heparin (porcine) injection (Recommended for patients heparin (porcine) injection (Recommended for patients heparin (porcine) injection (Recommended for patients heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight 50kg and gae > 75yrs) rivaroxaban (XARELTO) tablet for hip or knee rivaroxaban (XARELTO) tablet for hip or knee rivaroxaban (XARELTO) tablet for hip or knee riveo and the analistory or suspected case of Heparin-Induced Thrombocytopenia (H		
() enoxaparin (LOVENOX) syringe - hip arthoplasty 40 mg, subcutaneous, daily at 0600 (time critical), Stating S+1 () enoxaparin (LOVENOX) syringe - For Patients with CrCL 30 mg, subcutaneous, daily at 0600, 1800 (time critical), Stating S+1 () enoxaparin (LOVENOX) syringe - For Patients with CrCL 30 mg, subcutaneous, daily at 0600, 1800 (time critical), Stating S+1 () 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 (tim critical), Stating S+1 () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. 40 mg, subcutaneous, 2 times daily at 0600, 1800 (tim critical), Stating S+1 () 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 (tim critical), Stating S+1 () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, alight 140 kg or GREATER and CrCl GREATER than 30 mL/min. () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily at 1000 NOT ord this patient has a history of suspected case of Heparin-Induced Thrombocytopenia (HT); do NOT ord this apatient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HT); do NOT ord this apatient has a history of rosuspected case of Heparin-Induced Thrombocytopenia (HT); do NOT ord this patient has a history of rosuspected case of Heparin-Induced Thrombocytopenia (HT); do NOT ords this patient has a hist		
S-11 3-1 (1) enoxaparin (LOVENOX) syringe - knee arthroplasty 30 mg, subcutaneous, 2 times daily at 0600 (time critical), Starting S+1 (1) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min. 30 mg, subcutaneous, 2 times daily at 0600 (time critical), Starting S+1 (1) 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 (tim critical), Starting S+1 (1) enoxaparin (LOVENOX) syringe - For Patients weight mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (tim critical), Starting S+1 (1) enoxaparin (LOVENOX) syringe - For Patients weight mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (tim critical), Starting S+1 (2) enoxaparin (LOVENOX) syringe - For Patients weight mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (tim critical), Starting S+1 (3) for patients weight mL/min 50 mg, subcutaneous, 2 times daily at 0600, 1800 (tim critical), Starting S+1 (1) for patients weight mL/min 50 mg, subcutaneous, 2 times daily at 0600, 1800 (tim critical), Starting S+1 (2) for patients weight mL/min 50 mg, subcutaneous, daily, starting S+1, PACU & Post-op (3) for patients weight mL/min 50 mg, subcutaneous, every 12 hours, S+1 at 6:0 AM, PACU & Post-op (3) heparin (por		40 mg subcutaneous daily at 0600 (time critical) Starting
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty 30 mg, subcutaneous, daily at 0600 (time critical), Stating S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (tim 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		S+1
LESS than 30 mL/min - knee/ñip arthroplasty S-1 () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min So mg, subcutaneous, 2 times daily at 0600, 1800 (tim critical), Starting S+1 () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Greaters weight 140 kg or GREATER and CrCl GREATER than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Greaters weight 140 kg or GREATER and CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, 2 times daily at 0600, 1800 (tim critical), Starting S+1, PACU & Post-op () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, 2 times daily at 0600 (tim critical), Starting S+1, PACU & Post-op () heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:0 ML/min () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:0 MM, PACU & Post-op () warfarin (COUMADIN) tablet 5,000 Units, subcutaneous, every 12 hours, S+1, PACU & Post-op () warfarin (COUMADIN) tablet 5,000 Units critical), Starting S+1, PACU & Post-op () entraindications exist for mechanical prophylaxis For Given on Post Op Day 1. Indication:	() enoxaparin (LOVENOX) syringe - knee arthroplasty	
() 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 (tim critical), Starting S+1 () 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 (tim critical), Starting S+1 () 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 (tim critical), Starting S+1 () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op () heparin (porcine) injection 5.000 Units, subcutaneous, every 8 hours, S+1 at 6:0 () heparin (porcine) injection 5.000 Units, subcutaneous, every 8 hours, S+1 at 6:0 () heparin (porcine) injection 5.000 Units, subcutaneous, every 12 hours, S+1 at 6:0 () 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 6:0 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight 140 kg or REATER than 70 mg, rai, daily at 1700 (time critical), Starting S+1, PACU & Post-op () heparin (porcine)		
between 100-139 kg and CrCl GREATER than 30 mL/min critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min critical), Starting S+1 For Patients weight 140 kg or GREATER 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 (tim GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op () heparin (porcine) injection 5.000 Units, subcutaneous, every 10 NUT, S+1 at 6:0 AM, PACU & Post-op () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5.000 Units, subcutaneous, every 12 hours, S+1 at 6:0 AM, PACU & Post-op () warfarin (COUMADIN) tablet or al, daily at 1700 (time critical), Starting S+1, PACU & Post-op () warfarin (COUMADIN) tablet or al, daily at 1700 (time critical), Starting S+1, PACU & Post-op () Mechanical Prophylaxis (Single Response) Foutine, Orce No mechanical VTE prophylaxis due to the following contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op () Place/Main	() anavanaria (LOV/ENOX) avringa Ear Patienta weight	
() 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 (tim critical), Starting S+1 () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, 2 times daily at 0600, 1800 (tim critical), Starting S+1 () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op () hepatient does not have a history or suspected case theparin-induced Thrombocytopenia (HIT): () heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:0 AM, PACU & Post-op () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:0 AM, PACU & Post-op () rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 70 mg, crial, daily at 0600 (time critical), Starting S+1, PACU & Post-op () warfarin (COUMADIN) tablet oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op () Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication:	between 100-139 kg and CrCI GREATER than 30	critical), Starting S+1 For Patients weight between 100-139 kg and CrCl
() 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 Heparin-Induced Thrombocytopenia (HIT) do NOT orde this medication. Contraindicated in patients LESS that 50kg, prior to surgery/invasive procedure, or CrCI 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 6:0 AM, PACU & Post-op () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:0 AM, PACU & Post-op () rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, oral, daily at 10600 (time critical), Starting S+1, PACU & Post-op Indication: () warfarin (COUMADIN) tablet oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Unitil discontinued, Starting S Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Unitil discontinued, Starting S () Pharmacy consult to manage warfarin (COUMADIN) STAT, Unitil discontinued, Starting S () Pharmacy consult to manage warfarin (COUMADIN) STAT, Unitil discontinued, Starting S () Pharmacy consult to manage warfarin (COUMADIN)	140 kg or GREATER and CrCI GREATER than 30	For Patients weight 140 kg or GREATER and CrCl
Post-op If the patient does not have a history or suspected case Heparin-Induced Thrombocytopenia (HIT) do NOT orde this medication. Contraindicated in patients LESS that 50kg, prior to surgery/invasive procedure, or CrCI 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 6:0 AM, PACU & Post-op () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:0 AM, PACU & Post-op () rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, oral, daily at 0600 (time critical), Starting S+1, PACU & Post-op To be Given on Post Op Day 1. Indications: () warfarin (COUMADIN) tablet oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: () Place/Maintain sequential compression device continuous 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 () Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op		
Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS that S0kg, prior to surgery/invasive procedure, or CrCI LESS that 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 6:0 AM, PACU & Post-op () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:0 AM, PACU & Post-op () rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, oral, daily at 0600 (time critical), Starting S+1, PACU & Post-op To be Given on Post Op Day 1. Indications: () warfarin (COUMADIN) tablet oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: () Place/Maintain sequential compression device continuous Routine, Once () Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op () Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op	() fondaparinux (ARIXTRA) injection	Post-op
() heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:0 () 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 6:0 () rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:1 () rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, oral, daily at 0600 (time critical), Starting S+1, PACU & Post-op () warfarin (COUMADIN) tablet oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op () Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S () Mechanical Prophylaxis (Single Response) 600 time, Once () Place/Maintain sequential compression device continuous Routine, Once () Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op () Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op		This patient has a history of or suspected case of
 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission () varfarin (COUMADIN) tablet () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) () Pharmacy consult to manage warfarin (COUMADIN) () Pharmacy consult to menage warfarin (COUMADIN) () Pharmacy consult to manage warfarin (COUMADIN) () Pharmacy consult to manage warfarin (COUMADIN) () Pharmacy consult to menage warfarin (COUMADIN) () Pharmacy consult to menage warfarin (COUMADIN) () Pharmacy consult to mechanical prophylaxis () Phace/Maintain sequential compression device continuous () Place Maintain sequential compression device continuous () Place Maintain sequential compression device continuous 	() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00
() rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, oral, daily at 0600 (time critical), Starting S+1, PACU & PoCU & Post-op To be Given on Post Op Day 1. Indications: () warfarin (COUMADIN) tablet oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication: () warfarin (COUMADIN) tablet oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: [] Mechanical Prophylaxis (Single Response) 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 () Place sequential compression device and antiembolic stockings "And" Linked Panel [] Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op	with high risk of bleeding, e.g. weight < 50kg and age >	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g.
Indications: () warfarin (COUMADIN) tablet oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: [] Mechanical Prophylaxis (Single Response) Routine, Once No mechanical prophylaxis due to the following contraindication(s): PACU & Post-op () Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op () Place sequential compression device and antiembolic stockings "And" Linked Panel [] Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op		10 mg, oral, daily at 0600 (time critical), Starting S+1,
Post-op Indication: Post-op Indication: () Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: [] Mechanical Prophylaxis (Single Response) 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 () Place sequential compression device continuous Routine, Continuous, PACU & Post-op () Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op [] Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op		
Indication: Indication: Indication: Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Indication: PACU & Post-op Indication: Indication: Indication: PACU & Post-op Indication: Indication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Indication: Indication: Indication:	() warfarin (COUMADIN) tablet	Post-op
Image:	() Pharmacy consult to manage warfarin (COUMADIN)	
 () Contraindications exist for mechanical prophylaxis () 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 and antiembolic stockings () Place sequential compression device and antiembolic stockings [] Place/Maintain sequential compression device continuous () Place/Maintain sequential compression device and antiembolic stockings [] Place/Maintain sequential compression device continuous 	[] Mechanical Prophylaxis (Single Response)	
() Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op () Place sequential compression device and antiembolic stockings "And" Linked Panel [] Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op		No mechanical VTE prophylaxis due to the following contraindication(s):
 Place sequential compression device and antiembolic stockings Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op 		
[] Place/Maintain sequential compression device Routine, Continuous, PACU & Post-op continuous	() Place sequential compression device and antiembolic	"And" Linked Panel
	[] Place/Maintain sequential compression device	Routine, Continuous, PACU & Post-op
[] Place antiembolic stockings Routine, Once, PACU & Post-op		Routine, Once, PACU & Post-op

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 PACU & Post-op 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, PACU & Post-op [] 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: PACU & Post-op () Contraindications exist for pharmacologic prophylaxis Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 () enoxaparin (LOVENOX) syringe - For Patients with CrCL 30 mg, subcutaneous, daily at 0600 (time critical), Starting LESS than 30 mL/min S+1 For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time between 100-139 kg and CrCl GREATER than 30 critical). Starting S+1 mL/min For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min enoxaparin (LOVENOX) syringe - For Patients weight 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time 140 kg or GREATER and CrCI GREATER than 30 critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl mL/min GREATER than 30 mL/min

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op
	If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than
	50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00
() heparin (porcine) injection (Recommended for patients	AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00
with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	AM, PACU & Post-op 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, PACU & Post-op 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):
	PACU & Post-op
 Place/Maintain sequential compression device continuous 	Routine, Continuous, PACU & Post-op
() Place sequential compression device and antiembolic	"And" Linked Panel
stockings	
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical 	Routine, Once, PACU & Post-op
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated. 	Routine, Once, PACU & Post-op
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated. [] Moderate Risk 	Routine, Once, PACU & Post-op
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the folic pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate risk of VTE 	Routine, Once, PACU & Post-op
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated. [] Moderate Risk 	Routine, Once, PACU & Post-op
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the folic pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate Risk of VTE [] Moderate Risk Pharmacological Prophylaxis - 	Routine, Once, PACU & Post-op owing. Mechanical prophylaxis is optional unless Routine, Once, PACU & Post-op Routine, Once
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the folic pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) 	Routine, Once, PACU & Post-op owing. Mechanical prophylaxis is optional unless 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:
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the folic pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) 	Routine, Once, PACU & Post-op owing. Mechanical prophylaxis is optional unless 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 Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the folic pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation 	Routine, Once, PACU & Post-op owing. Mechanical prophylaxis is optional unless 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 Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the folic pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate Risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation 	Routine, Once, PACU & Post-op owing. Mechanical prophylaxis is optional unless 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 Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 1700 (time critical), Startin
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the folic pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe 	Routine, Once, PACU & Post-op owing. Mechanical prophylaxis is optional unless 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 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): PACU & Post-op 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the folic pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe 	Routine, Once, PACU & Post-op owing. Mechanical prophylaxis is optional unless 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 Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin S
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the folic pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min 	Routine, Once, PACU & Post-op owing. Mechanical prophylaxis is optional unless 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 Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin S For Patients with CrCL LESS than 30 mL/min
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the folic pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe 	Routine, Once, PACU & Post-op owing. Mechanical prophylaxis is optional unless 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 Routine, Once No pharmacologic VTE prophylaxis due to the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin S

() fondapar	inux (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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
	porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours, PACU &
	risk of bleeding, e.g. weight < 50kg and age >	Post-op
75yrs)		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), PACU & Post-op Indication:
() Pharmac	ey consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] Mechanica	al Prophylaxis (Single Response)	
() Contraine	dications exist for mechanical prophylaxis	Routine, Once
		No mechanical VTE prophylaxis due to the following
		contraindication(s): PACU & Post-op
() Place/Ma continuou		Routine, Continuous, PACU & Post-op
	quential compression device and antiembolic	"And" Linked Panel
() Place see stockings	3	
() Place see stockings [] Place/N continue	s Iaintain sequential compression device ous	Routine, Continuous, PACU & Post-op
() Place sea stockings [] Place/W continua [] Place a	s Iaintain sequential compression device ous ntiembolic stockings	Routine, Continuous, PACU & Post-op Routine, Once, PACU & Post-op
() Place sec stockings [] Place/W continue [] Place a High Risk of	s Iaintain sequential compression device ous ntiembolic stockings DVT - Surgical	Routine, Once, PACU & Post-op
() Place sec stockings [] Place/W continue [] Place a High Risk of	s Iaintain sequential compression device ous ntiembolic stockings DVT - Surgical	
() Place sed stockings [] Place/W continue [] Place a High Risk of Address both	s Iaintain sequential compression device ous ntiembolic stockings DVT - Surgical	Routine, Once, PACU & Post-op
() Place sec stockings [] Place/W continue [] Place a High Risk of Address both	s Maintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis.
 () Place seg stockings [] Place/W continue [] Place a High Risk of Address both] High Risk [] High risk 	s Maintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE	Routine, Once, PACU & Post-op
 () Place seg stockings [] Place/W continue [] Place a High Risk of Address both] High Risk [] High Risk [] High Risk (Single Registration) 	Aaintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse)	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op
 Place seg stockings Place/N continue Place a High Risk of Address both High Risk High Risk High Risk Gingle Reg 	Alaintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once
 () Place seg stockings [] Place/W continue [] Place a High Risk of Address both] High Risk [] High Risk [] High Risk (Single Registration) 	Aaintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse)	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is
 () Place seg stockings [] Place/W continue [] Place a High Risk of Address both] High Risk [] High Risk [] High Risk (Single Registration) 	Aaintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse)	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
 () Place sea stockings [] Place/W continua [] Place a High Risk of Address both] High Risk [] High Risk [] High Risk (Single Registration) 	Aaintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse)	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. 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:
 () Place sea stockings [] Place/W continua [] Place a High Risk of Address both] High Risk [] High Risk (Single Re () Patient is 	Alaintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse) s currently receiving therapeutic anticoagulation	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. 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
 () Place sea stockings [] Place/W continua [] Place a High Risk of Address both] High Risk [] High Risk (Single Re () Patient is 	Aaintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse)	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. 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 Routine, Once
 () Place sea stockings [] Place/W continua [] Place a High Risk of Address both] High Risk [] High Risk [] High Risk (Single Re () Patient is 	Alaintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse) s currently receiving therapeutic anticoagulation	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. 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 Routine, Once No pharmacologic VTE prophylaxis due to the following
 () Place sea stockings [] Place/W continua [] Place a High Risk of Address both] High Risk [] High Risk [] High Risk (Single Re () Patient is 	Alaintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse) s currently receiving therapeutic anticoagulation	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. 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 Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 () Place sea stockings [] Place/W continua [] Place a High Risk of Address both] High Risk [] High Risk [] High Risk (Single Re () Patient is 	Alaintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse) a currently receiving therapeutic anticoagulation dications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. 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 Routine, Once No pharmacologic VTE prophylaxis due to the following
 () Place sea stockings [] Place/W continua [] Place a High Risk of Address both] High Risk [] High Risk (Single Red) () Patient is () Contrained () enoxapate 	Aaintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse) s currently receiving therapeutic anticoagulation dications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. 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 Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 () Place sea stockings [] Place/W continua [] Place a High Risk of Address both Address both [] High Risk [] High Risk (Single Red) () Patient is () Contrained () enoxapate () enoxapate () enoxapate 	Aaintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse) s currently receiving therapeutic anticoagulation dications exist for pharmacologic prophylaxis rin (LOVENOX) injection (Single Response) arin (LOVENOX) syringe	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. 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 Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
 () Place set stockings [] Place/W continue [] Place a High Risk of Address both] High Risk [] High Risk [] High Risk (Single Re () Patient is () enoxapate 	Aaintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse) s currently receiving therapeutic anticoagulation dications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. 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 Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
 () Place sea stockings [] Place/W continua [] Place a High Risk of Address both] High Risk [] High Risk (Single Re () Patient is () Patient is () enoxapate 	Aaintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse) a currently receiving therapeutic anticoagulation dications exist for pharmacologic prophylaxis rin (LOVENOX) injection (Single Response) arin (LOVENOX) syringe arin (LOVENOX) syringe - For Patients with CrCL han 30 mL/min	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. 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 Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
 () Place sea stockings [] Place/W continua [] Place a High Risk of Address both [] High Risk [] High Risk [] High Risk (Single Re () Patient is () Patient is () enoxapation () enoxapatio	Alaintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse) a currently receiving therapeutic anticoagulation dications exist for pharmacologic prophylaxis rin (LOVENOX) injection (Single Response) arin (LOVENOX) syringe arin (LOVENOX) syringe - For Patients with CrCL nan 30 mL/min arin (LOVENOX) syringe - For Patients weight	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. 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 Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time
 () Place set stockings [] Place/W continua [] Place a High Risk of Address both [] High Risk [] High Risk [] High Risk (Single Rei () Patient is () Patient is () enoxapation 	Adintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse) as currently receiving therapeutic anticoagulation dications exist for pharmacologic prophylaxis rin (LOVENOX) injection (Single Response) arin (LOVENOX) syringe arin (LOVENOX) syringe - For Patients with CrCL nan 30 mL/min arin (LOVENOX) syringe - For Patients weight n 100-139 kg and CrCl GREATER than 30	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. 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 Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
 () Place sea stockings [] Place/W continua [] Place a High Risk of Address both] High Risk [] High Risk (Single Re () Patient is () Patient is () enoxapai <	Adintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse) as currently receiving therapeutic anticoagulation dications exist for pharmacologic prophylaxis rin (LOVENOX) injection (Single Response) arin (LOVENOX) syringe arin (LOVENOX) syringe - For Patients with CrCL nan 30 mL/min arin (LOVENOX) syringe - For Patients weight n 100-139 kg and CrCI GREATER than 30	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. 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 Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 For Patients with CrCL LESS 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
 () Place set stockings [] Place/W continue [] Place a High Risk of Address both Address both [] High Risk [] High Risk (Single Re () Patient is () Patient is () enoxapat 	Adintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse) as currently receiving therapeutic anticoagulation dications exist for pharmacologic prophylaxis rin (LOVENOX) injection (Single Response) arin (LOVENOX) syringe arin (LOVENOX) syringe - For Patients with CrCL nan 30 mL/min arin (LOVENOX) syringe - For Patients weight n 100-139 kg and CrCI GREATER than 30 arin (LOVENOX) syringe - For Patients weight	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. 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 Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Startin S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Startin S+1
 () Place set stockings [] Place/W continue [] Place a High Risk of Address both Address both [] High Risk [] High Risk (Single Re () Patient is () enoxapat <	Adintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse) a currently receiving therapeutic anticoagulation dications exist for pharmacologic prophylaxis rin (LOVENOX) injection (Single Response) arin (LOVENOX) injection (Single Response) arin (LOVENOX) syringe arin (LOVENOX) syringe - For Patients with CrCL nan 30 mL/min arin (LOVENOX) syringe - For Patients weight n 100-139 kg and CrCl GREATER than 30 arin (LOVENOX) syringe - For Patients weight or GREATER and CrCl GREATER than 30	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. 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 Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
 () Place sea stockings [] Place/W continua [] Place a High Risk of Address both Address both [] High Risk [] High Risk (Single Red) () Patient is () Patient is () enoxapation ()	Adintain sequential compression device ous ntiembolic stockings DVT - Surgical n pharmacologic and mechanical prophylaxis by or of VTE Pharmacological Prophylaxis - Surgical Patient esponse) s currently receiving therapeutic anticoagulation dications exist for pharmacologic prophylaxis rin (LOVENOX) injection (Single Response) arin (LOVENOX) syringe arin (LOVENOX) syringe - For Patients with CrCL nan 30 mL/min arin (LOVENOX) syringe - For Patients weight n 100-139 kg and CrCl GREATER than 30 arin (LOVENOX) syringe - For Patients weight or GREATER and CrCl GREATER than 30	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. 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 Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time

() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op 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): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[] Place antiembolic stockings	Routine, Once, PACU & Post-op
High Risk of DVT - Non-Surgical	
Address both pharmacologic and mechanical prophylaxis by orc	dering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] 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: PACU & Post-op
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response)	
() 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 CrCI 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, PACU & Post-o
 () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g.
• •	weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), PACU & Post-op 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): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 Place sequential compression device and antiembolic stockings 	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[] Place antiembolic stockings	Routine, Once, PACU & Post-op
High Risk of DVT - Surgical (Hip/Knee)	
Address both pharmacologic and mechanical prophylaxis by o	rdering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] 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: PACU & Post-op
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1, PACU & Post-op Indications:
	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin chewable tablet	
 () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet 	162 mg, oral, daily, Starting S+1, PACU & Post-op
 () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Response) 	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	
 () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Response) 	40 mg, subcutaneous, daily at 0600 (time critical), Startin
 () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe - hip arthoplasty 	 40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1

Reha	b	
Resp	iratory	
Othe	r Studies	
Imagi	ing	
Cardi	ology	
<u>.</u>	sic metabolic panel	AM draw, Starting S+1 For 1 Occurrences, Post-op
	moglobin matocrit	AM draw, Starting S+1 For 1 Occurrences, Post-op AM draw, Starting S+1 For 1 Occurrences, Post-op
	omorrow	AM draw Starting St 1 For 1 Occurrences Post on
[] Her	moglobin	STAT For 1 Occurrences, Post-op
[] Her	matocrit	STAT For 1 Occurrences, Post-op
Labs Lab - S		
[]	_ ·· · · · · · · · · · · · · · · · · · ·	Routine, Once, PACU & Post-op
[] []	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
()	Place sequential compression device and antiembolic stockings	"And" Linked Panel
()	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
	Mechanical Prophylaxis (Single Response)	
()	Pharmacy consult to manage warfarin (COUMADIN)	Post-op Indication: STAT, Until discontinued, Starting S Indication:
()	warfarin (COUMADIN) tablet	Indications: oral, daily at 1700 (time critical), Starting S+1, PACU & Post on
()	rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (time critical), Starting S+1, PACU & Post-op To be Given on Post Op Day 1.
	with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
$\frac{1}{1}$	heparin (porcine) injection (Recommended for patients	AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00
$\overline{()}$	heparin (porcine) injection	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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00
	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
	140 kg or GREATER and CrCI GREATER than 30 mL/min	critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

Consults For Physician Consult orders use sidebar

Ancillary Consults

[] Consult to Case Management	Consult Reason:
[] Consult to Social Work	Reason for Consult:
[] Consult PT eval and treat	Special Instructions:
	Weight Bearing Status:
[] Consult PT wound care	Special Instructions:
	Location of Wound?
[] Consult OT eval and treat	Special Instructions:
	Weight Bearing Status:
[] Consult to Nutrition Services	Reason For Consult?
	Purpose/Topic:
[] Consult to Spiritual Care	Reason for consult?
[] Consult to Speech Language Pathology	Routine, Once
	Reason for consult:
[] Consult to Wound Ostomy Care nurse	Reason for consult:
	Consult for NPWT:
	Reason for consult:
[] Consult to Respiratory Therapy	Reason for Consult?
Additional Orders	