# Hip Replacement Post-Op [1753]

## General

**Common Present on Admission Diagnosis**

| | | |
|---|---|---|
| [ ] | Acidosis | Post-op |
| [ ] | Acute Post-Hemorrhagic Anemia | Post-op |
| [ ] | Acute Renal Failure | Post-op |
| [ ] | Acute Respiratory Failure | Post-op |
| [ ] | Acute Thromboembolism of Deep Veins of Lower Extremities | Post-op |
| [ ] | Anemia | Post-op |
| [ ] | Bacteremia | Post-op |
| [ ] | Bipolar disorder, unspecified | Post-op |
| [ ] | Cardiac Arrest | Post-op |
| [ ] | Cardiac Dysrhythmia | Post-op |
| [ ] | Cardiogenic Shock | Post-op |
| [ ] | Decubitus Ulcer | Post-op |
| [ ] | Dementia in Conditions Classified Elsewhere | Post-op |
| [ ] | Disorder of Liver | Post-op |
| [ ] | Electrolyte and Fluid Disorder | Post-op |
| [ ] | Intestinal Infection due to Clostridium Difficile | Post-op |
| [ ] | Methicillin Resistant Staphylococcus Aureus Infection | Post-op |
| [ ] | Obstructive Chronic Bronchitis with Exacerbation | Post-op |
| [ ] | Other Alteration of Consciousness | Post-op |
| [ ] | Other and Unspecified Coagulation Defects | Post-op |
| [ ] | Other Pulmonary Embolism and Infarction | Post-op |
| [ ] | Phlebitis and Thrombophlebitis | Post-op |
| [ ] | Protein-calorie Malnutrition | Post-op |
| [ ] | Psychosis, unspecified psychosis type | Post-op |
| [ ] | Schizophrenia Disorder | Post-op |
| [ ] | Sepsis | Post-op |
| [ ] | Septic Shock | Post-op |
| [ ] | Septicemia | Post-op |
| [ ] | Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled | Post-op |
| [ ] | Urinary Tract Infection, Site Not Specified | Post-op |

**Elective Outpatient, Observation, or Admission (Single Response)**

| | | |
|---|---|---|
| ( ) | Elective outpatient procedure: Discharge following routine recovery | Routine, Continuous, PACU & Post-op |
| ( ) | Outpatient observation services under general supervision | Diagnosis:<br>Admitting Physician:<br>Patient Condition:<br>Bed request comments:<br>PACU & Post-op |
| ( ) | Outpatient in a bed - extended recovery | Diagnosis:<br>Admitting Physician:<br>Bed request comments:<br>PACU & Post-op |
| ( ) | Admit to Inpatient | Diagnosis:<br>Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>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.<br>PACU & Post-op |

**Admission or Observation (Single Response)**
Patient has active outpatient status order on file

| | |
|---|---|
| ( ) Admit to Inpatient | Diagnosis:<br>Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>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.<br>PACU & Post-op |
| ( ) Outpatient observation services under general supervision | Diagnosis:<br>Admitting Physician:<br>Patient Condition:<br>Bed request comments:<br>PACU & Post-op |
| ( ) Outpatient in a bed - extended recovery | Diagnosis:<br>Admitting Physician:<br>Bed request comments:<br>PACU & Post-op |
| ( ) Transfer patient | Level of Care:<br>Bed request comments:<br>Scheduling/ADT |
| ( ) Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT |

**Admission (Single Response)**
Patient has active status order on file

| | |
|---|---|
| ( ) Admit to inpatient | Diagnosis:<br>Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>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.<br>PACU & Post-op |
| ( ) Transfer patient | Level of Care:<br>Bed request comments:<br>Scheduling/ADT |
| ( ) Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT |

**Transfer (Single Response)**
Patient has active inpatient status order on file

| | |
|---|---|
| ( ) Transfer patient | Level of Care:<br>Bed request comments:<br>Scheduling/ADT |
| ( ) Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT |

**Precautions**

| | |
|---|---|
| [ ] Aspiration precautions | Post-op |
| [ ] Fall precautions | Increased observation level needed:<br>Post-op |
| [ ] Latex precautions | Post-op |
| [ ] Seizure precautions | Increased observation level needed:<br>Post-op |

| | |
|---|---|
| [ ] Hip precautions, nsg to post anterior / posterior at bedside | Precaution:<br>Anterior. Total hip Arthroplasty, no bedpan., Post-op |
| [ ] Hip precautions, nsg to post anterior / posterior at bedside | Precaution:<br>Posterior. Total hip arthroplasty: No flexion greater than 90 degrees. No internal rotation and no adduction. Pillow bewteen knees at all times., Post-op |
| [ ] Hip precautions, nsg to post anterior / posterior at bedside | Precaution:<br>Trochanteric. Total hip arthroplasty: no hip abduction., Post-op |

## Nursing

### Vital Signs

| | |
|---|---|
| [ ] Vital signs - T/P/R/BP (Q15min) | Routine, Every 15 min<br>Times 4, then every 30 minutes times 4, then every hour times 4, then<br>every 4 hours times 24 hours, then every 8 hours if stable., PACU & Post-op |
| [ ] Vital signs - T/P/R/BP (Q4 hours) | Routine, Every 4 hours, Post-op |

### Activity

| | |
|---|---|
| [ ] Up with assistance | Routine, As needed<br>Specify: Up with assistance<br>PACU & Post-op |
| [ ] Bed rest | Routine, Until discontinued, Starting S, PACU & Post-op |
| [ ] Weight bearing | Routine, Until discontinued, Starting S<br>Weight Bearing Status:<br>Extremity:<br>PACU & Post-op |
| [ ] Up in chair | Routine, As needed<br>Specify: Up in chair<br>Additional modifier:<br>For meals as tolerated, PACU & Post-op |
| [ ] Dangle at bedside | Routine, Once, PACU & Post-op |
| [ ] Ambulate patient | Routine, Every shift<br>Specify:<br>Day of surgery, PACU & Post-op |

### Nursing Equipment

| | |
|---|---|
| [ ] Obtain supply / device: | Routine, Once<br>Obtain:<br>PACU & Post-op |
| [ ] Abduction pillow while in bed | Routine, Once<br>Special Instructions:<br>PACU & Post-op |
| [ ] Overhead frame trapeze | Routine, Once<br>Special Instructions:<br>Post-op |
| [ ] Commode at bedside | Routine, Once<br>For total hip arthroplasty, Post-op |
| [ ] Obtain a hip abduction brace | Routine, Until discontinued, Starting S<br>Set Flexion to *** degrees and Abduction to *** degrees., Post-op |
| [ ] Knee immobilizer | Routine, Once<br>Left/Right:<br>Sizes:<br>Gender Size:<br>Special Instructions: when out of bed<br>Post-op |

### Nursing Assessments

| | |
|---|---|
| [ ] Telemetry | **"And" Linked Panel** |

| | |
|---|---|
| [ ] Telemetry monitoring | Routine, Continuous<br>Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)<br>Reason for telemetry:<br>Can be off of Telemetry for tests and baths? Yes<br>PACU & Post-op |
| [ ] Telemetry Additional Setup Information | Routine, Continuous<br>High Heart Rate (BPM): 120<br>Low Heart Rate(BPM): 50<br>High PVC's (per minute): 10<br>High SBP(mmHg): 175<br>Low SBP(mmHg): 100<br>High DBP(mmHg): 95<br>Low DBP(mmHg): 40<br>Low Mean BP: 60<br>High Mean BP: 120<br>Low SPO2(%): 94<br>PACU & Post-op |
| [ ] Peripheral vascular assessment (Q2 hours) | Routine, Every 2 hours For 24 Hours<br>times 24 hours then every 4 hours times 24 hours, then every shift until discharge., PACU & Post-op |
| [ ] Peripheral vascular assessment (Q4 hours) | Routine, Every 4 hours For 24 Hours<br>Times 24 hours then every shift until discharge., PACU & Post-op |
| [ ] Peripheral vascular assessment (Q8 hours) | Routine, Every 8 hours<br>Until discharge., PACU & Post-op |

**Nursing Interventions**

| | |
|---|---|
| [ ] Intake and output | Routine, Every shift For 48 Hours, Post-op |
| [ ] Intake and output | Routine, Every 8 hours<br>Discontinue when IV/Foley/Drain discontinued., Post-op |
| [ ] Insert and Maintain Foley | |
| [ ] Insert Foley catheter | Routine, Once<br>Type:<br>Size:<br>Urinometer needed:<br>Post-op |
| [ ] Foley Catheter Care | Routine, Until discontinued, Starting S For 48 Hours<br>Orders: to gravity<br>Post-op |
| [ ] Foley catheter - discontinue | Routine, Once, Starting S+1 at 6:00 AM<br>Post-op day 1 in AM., Post-op |
| [ ] Turn cough deep breathe | Routine, Every hour<br>While awake, Post-op |
| [ ] Place antiembolic stockings | Routine, Until discontinued, Starting S<br>Change PRN. , PACU & Post-op |
| [ ] Elevate heels off of bed | Routine, Once<br>Elevate heels and all osseous prominence to prevent decubitus formation., Post-op |
| [ ] Positioning instruction - float heels | Routine, Until discontinued, Starting S<br>Position:<br>Additional instructions:<br>Float heels, Post-op |
| [ ] Apply ice pack | Routine, Until discontinued, Starting S<br>Afftected area:<br>Duration of application:<br>To surgical site at most times while in bed. , Post-op |

| | |
|---|---|
| [ ] Drain care | Routine, Until discontinued, Starting S<br>Type of drain: Hemovac<br>Specify location:<br>Drain Number:<br>Drainage/Suction:<br>Post-op |
| [ ] Remove drains / tubes | Routine, Once, Starting S+1<br>Type:<br>Specify location:<br>POD 1, Post-op |
| [ ] Remove drains / tubes | Routine, Once, Starting S+2<br>Type:<br>Specify location:<br>POD 2, Post-op |
| [ ] Wound care orders | Routine, Daily, Starting S+1<br>Wound care to be performed by:<br>Location:<br>Site: Hip(s)<br>Irrigate wound?<br>Apply:<br>Dressing Type:<br>POD #1 as needed., Post-op |
| [ ] Wound care orders | Routine, Daily, Starting S+2<br>Wound care to be performed by:<br>Location:<br>Site: Hip(s)<br>Irrigate wound?<br>Apply:<br>Dressing Type:<br>POD #2, Post-op |
| [ ] Wound care orders | Routine, Once, Starting S+2 For 1 Occurrences<br>Wound care to be performed by:<br>Location:<br>Site: Hip(s)<br>Irrigate wound?<br>Apply:<br>Dressing Type:<br>Change Mepilex at 48 hours post-op. Do not remove strips., Post-op |
| [ ] Reinforce dressing | Routine, As needed, Starting S+1<br>Reinforce with:<br>POD #1: Nurse may reinforce dressing but do not remove., Post-op |
| [ ] Reinforce dressing | Routine, As needed, Starting S+2<br>Reinforce with:<br>POD #2: Nurse may reinforce dressing but do not remove., Post-op |
| [ ] Remove dressing | Routine, Once For 1 Occurrences, Post-op |
| [ ] Patient may shower | Routine, Daily, Starting S+2 at 6:00 AM<br>Specify:<br>Additional modifier:<br>Post-op |
| [ ] Discontinue IV | Routine, Once<br>Upon discharge., Post-op |

**Diet**

| | |
|---|---|
| [ ] Diet - Clear liquids, advance as tolerated to Regular | Diet effective now, Starting S<br>Diet(s): Clear Liquids<br>Advance Diet as Tolerated? Yes<br>Target Diet: Regular<br>Advance target diet criteria:<br>Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:<br>Please assess bowel sounds between progressions., PACU & Post-op |
| [ ] Diet - Clear liquids, advance as tolerated to Diabetic 1800 Carb Control | Diet effective now, Starting S<br>Diet(s): Clear Liquids<br>Advance Diet as Tolerated? Yes<br>Target Diet: Diabetic 1800 Carb Control<br>Advance target diet criteria:<br>Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:<br>Please assess bowel sounds between progressions., PACU & Post-op |
| [ ] Diet - Clear liquids, advance as tolerated to Heart Healthy | Diet effective now, Starting S<br>Diet(s): Clear Liquids<br>Advance Diet as Tolerated? Yes<br>Target Diet: Heart Healthy<br>Advance target diet criteria:<br>Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:<br>Please assess bowel sounds between progressions., PACU & Post-op |
| [ ] Diet - Clear liquids, advance as tolerated to Renal (80GM Pro, 2-3GM Na, 2-3GM K) | Diet effective now, Starting S<br>Diet(s): Clear Liquids<br>Advance Diet as Tolerated? Yes<br>Target Diet: Renal (80GM Pro, 2-3GM Na, 2-3GM K)<br>Advance target diet criteria:<br>Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:<br>Please assess bowel sounds between progressions., PACU & Post-op |

**Notify**

| | |
|---|---|
| [ ] Notify Consulting physician of patient's location | Routine, Until discontinued, Starting S, Post-op |
| [ ] Notify Acute Pain Management Service (APMS) | Routine, Until discontinued, Starting S, If inadequate pain control, respiratory rate less than 9, pruritis or nausea, excessive sedation/confusion, any pain/sedation concerns., Post-op |

**Education**

| | |
|---|---|
| [ ] Patient education - Reinforce hip precautions | Routine, Once<br>Patient/Family: Patient<br>Education for: Other (specify)<br>Specify: Reinforce hip precautions<br>Post-op |
| [ ] Patient education - discharge instructions | Routine, Once<br>Patient/Family: Patient<br>Education for: Discharge<br>Plan to discharge to home prior to 11AM. Pain control, dressing changes, hip precautions, and constipation., Post-op |

## IV Fluids

**IV Fluids (Single Response)**

| | |
|---|---|
| ( ) sodium chloride 0.9 % infusion | 75 mL/hr, intravenous, continuous, Post-op |
| ( ) lactated Ringer's infusion | 75 mL/hr, intravenous, continuous, Post-op |
| ( ) dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion | 75 mL/hr, intravenous, continuous, Post-op |
| ( ) sodium chloride 0.45 % infusion | 75 mL/hr, intravenous, continuous, Post-op |
| ( ) sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion | 75 mL/hr, intravenous, continuous, Post-op |

## Medications

**IV Antibiotics: For Patients LESS than or EQUAL to 120 kg**

| | |
|---|---|
| [ ] cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg | 2 g, intravenous, once, For 1 Doses, Post-op<br>For patients LESS than or EQUAL to 120 kg.<br>Type of Therapy: New Anti-Infective Order<br>Reason for Therapy: Surgical Prophylaxis |
| [ ] clindamycin (CLEOCIN) IV - For Penicillin Allergic Patients | 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op<br>Type of Therapy: New Anti-Infective Order<br>Reason for Therapy: Surgical Prophylaxis |
| [ ] vancomycin (VANCOCIN) IV | 15 mg/kg, intravenous, once, For 1 Doses, Post-op<br>Type of Therapy: New Anti-Infective Order<br>Reason for Therapy: Surgical Prophylaxis |

**IV Antibiotics: For Patients GREATER than 120 kg**

| | |
|---|---|
| [ ] cefazolin (ANCEF) IV - For Patients GREATER than 120 kg | 3 g, intravenous, once, For 1 Doses, Post-op<br>For patients GREATER than 120 kg;<br>Type of Therapy: New Anti-Infective Order<br>Reason for Therapy: Surgical Prophylaxis |
| [ ] clindamycin (CLEOCIN) IV - For Penicillin Allergic Patients | 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op<br>Type of Therapy: New Anti-Infective Order<br>Reason for Therapy: Surgical Prophylaxis |
| [ ] vancomycin (VANCOCIN) IV | 15 mg/kg, intravenous, once, For 1 Doses, Post-op<br>Type of Therapy: New Anti-Infective Order<br>Reason for Therapy: Surgical Prophylaxis |

**PRN Mild Pain (Pain Score 1-3) (Single Response)**
(adjust dose for renal/liver function and age)

| | |
|---|---|
| ( ) acetaminophen (TYLENOL) tablet OR oral solution | **"Or" Linked Panel** |
| Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) | |

| | |
|---|---|
| [ ] acetaminophen (TYLENOL) tablet | 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op<br>Maximum of 3 grams of acetaminophen per day from all sources. Give the tablet if the patient can tolerate oral medication. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| [ ] acetaminophen (TYLENOL)suspension | 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op<br>Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot tolerate oral tablet. |

**PRN Oral for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)**
(adjust dose for renal/liver function and age)

| | |
|---|---|
| ( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir | **"Or" Linked Panel** |

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

| | |
|---|---|
| [ ] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. |
| [ ] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution | 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. |

| | |
|---|---|
| ( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir | **"Or" Linked Panel** |

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

| | |
|---|---|
| [ ] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) |
| [ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution | 10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) |

| | |
|---|---|
| ( ) traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours) | 25 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>(Max Daily dose not to exceed 200 mg/day). Give if patient can tolerate oral medication. |

**PRN Oral for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)**
(adjust dose for renal/liver function and age)

| | |
|---|---|
| ( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir | **"Or" Linked Panel** |

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

| | |
|---|---|
| [ ] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. |
| [ ] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution | 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. |

| | |
|---|---|
| ( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir | **"Or" Linked Panel** |

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

| | |
|---|---|
| [ ] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) |
| [ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution | 10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) |

| | |
|---|---|
| ( ) HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir | **"Or" Linked Panel** |

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

| | |
|---|---|
| [ ] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. |
| [ ] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution | 15 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. |

| | |
|---|---|
| ( ) HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir | **"Or" Linked Panel** |

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

| | |
|---|---|
| [ ] HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. |
| [ ] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution | 20 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient can not swallow tablet. |
| ( ) traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours) | 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>(Max Daily dose not to exceed 200 mg/day).<br><br>Give if patient is able to tolerate oral medication |

**PRN IV for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)**

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.
(adjust dose for renal/liver function and age)

| | |
|---|---|
| ( ) fentaNYL (SUBLIMAZE) injection | 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Post-op<br>Use if patient is unable to swallow or faster onset is needed |
| ( ) morphine 2 mg/mL injection | 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op<br>Use if patient is unable to swallow or faster onset is needed |
| ( ) HYDROmorphone (DILAUDID) injection | 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op<br>Use if patient is unable to swallow or faster onset is needed |
| ( ) ketorolac (TORADOL) injection - Do not use in patients with eGFR LESS than 30 mL/min. | 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days, Post-op<br>Do not use in patients with eGFR LESS than 30 mL/min. Use if patient is unable to swallow or faster onset is needed. |

**PRN IV for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)**

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.
(adjust dose for renal/liver function and age)

| | |
|---|---|
| ( ) fentaNYL (SUBLIMAZE) injection | 25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Post-op<br>Use if patient is unable to swallow or faster onset is needed |
| ( ) morphine 2 mg/mL injection | 2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op<br>Use if patient is unable to swallow or faster onset is needed |

| | |
|---|---|
| ( ) HYDROmorphone (DILAUDID) injection | 0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op<br>Use if patient is unable to swallow or faster onset is needed |

( ) ketorolac (TORADOL) IV (Single Response)

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

| | |
|---|---|
| ( ) For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection | 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days |
| ( ) For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection | 30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days |

**PRN Oral for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)**
(adjust dose for renal/liver function and age)

| | |
|---|---|
| ( ) HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op<br>Give if patient is able to tolerate oral medication |
| ( ) HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op<br>Give if patient is able to tolerate oral medication |
| ( ) HYDROmorphone (DILAUDID) tablet | 2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op<br>Give if patient is able to tolerate oral medication |
| ( ) morphine (MSIR) tablet | 15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op<br>Give if patient is able to tolerate oral medication |
| ( ) oxyCODONE (ROXICODONE) immediate release tablet | 5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op<br>Give if patient is able to tolerate oral medication |

**PRN Oral for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)**
(adjust dose for renal/liver function and age)

| | |
|---|---|
| ( ) HYDROmorphone (DILAUDID) tablet | 2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op<br>Give if patient is able to tolerate oral medication |
| ( ) morphine (MSIR) tablet | 15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op<br>Give if patient is able to tolerate oral medication |
| ( ) oxyCODONE (ROXICODONE) immediate release tablet | 10 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op<br>Give if patient is able to tolerate oral medication |

**PRN IV for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)**
If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.
(adjust dose for renal/liver function and age)

| | |
|---|---|
| ( ) fentaNYL (SUBLIMAZE) injection | 50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op<br>Use if patient is unable to swallow or faster onset is needed |
| ( ) morphine injection | 4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op<br>Use if patient is unable to swallow or faster onset is needed |
| ( ) HYDROmorphone (DILAUDID) injection | 0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op<br>Use if patient is unable to swallow or faster onset is needed |

**PRN IV for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)**

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.
(adjust dose for renal/liver function and age)

| | |
|---|---|
| ( ) fentaNYL (SUBLIMAZE) injection | 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op<br>Use if patient is unable to swallow or faster onset is needed |
| ( ) morphine injection | 2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op<br>Use if patient is unable to swallow or faster onset is needed |
| ( ) HYDROmorphone (DILAUDID) injection | 0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op<br>Use if patient is unable to swallow or faster onset is needed |

**PCA Medications (Single Response)**

| | |
|---|---|
| ( ) morPHINE PCA 30 mg/30 mL | |
| [ ] morPHINE 30 mg/30 mL PCA | Loading Dose (optional): Not Ordered<BR>PCA Dose: 1 mg<BR>Lockout: Not Ordered<BR>Continuous Dose: 0 mg/hr<BR>MAX (Four hour dose limit): 20 mg<br>intravenous, continuous, Post-op<br>Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE. Adjust doses for age, renal function or other factors. |
| [ ] Vital signs - T/P/R/BP | Routine, Per unit protocol<br>- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then<br>- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then<br>- Every 4 hours until PCA therapy is discontinued.<br>- Immediately following PCA administration tubing change, Post-op |
| [ ] Richmond agitation sedation scale | Routine, Once<br>Hold infusion daily at:<br>Target RASS:<br>BIS Monitoring (Target BIS: 40-60):<br>60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects., Post-op |
| [ ] Notify Physician (Specify) | Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason<br>- Inadequate analgesia<br>- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy<br>- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op |
| [ ] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less<br>- Severe and/or recent confusion or disorientation<br>- POSS sedation level 4: Somnolent and difficult to arouse<br>- Sustained hypotension (SBP less than 90)<br>- Excessive nausea or vomiting<br>- Urinary retention, Post-op |

| | |
|---|---|
| [ ] naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg | 0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., For 1 Doses, Post-op<br>Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. |

( ) hydromorPHONE PCA (DILAUDID) 15 mg/30 mL

| | |
|---|---|
| [ ] hydromorPHONE (DILAUDID) 15 mg/30 mL PCA | Loading Dose (optional): Not Ordered<BR>PCA Dose: 0.2 mg<BR>Lockout: Not Ordered<BR>Continuous Dose: 0 mg/hr<BR>MAX (Four hour dose limit): 3 mg intravenous, continuous, Post-op<br>Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors.<br>Turn Off PCA Continuous Dose (Basal Rate) On Date:<br>Turn Off PCA Continuous Dose (Basal Rate) At Time: |
| [ ] Vital signs - T/P/R/BP | Routine, Per unit protocol<br>- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then<br>- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then<br>- Every 4 hours until PCA therapy is discontinued.<br>- Immediately following PCA administration tubing change, Post-op |
| [ ] Richmond agitation sedation scale | Routine, Once<br>Hold infusion daily at:<br>Target RASS:<br>BIS Monitoring (Target BIS: 40-60):<br>60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects., Post-op |
| [ ] Notify Physician (Specify) | Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason<br>- Inadequate analgesia<br>- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy<br>- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op |
| [ ] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less<br>- Severe and/or recent confusion or disorientation<br>- POSS sedation level 4: Somnolent and difficult to arouse<br>- Sustained hypotension (SBP less than 90)<br>- Excessive nausea or vomiting<br>- Urinary retention, Post-op |
| [ ] naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg | 0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., For 1 Doses, Post-op<br>Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. |

( ) fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL

| | |
|---|---|
| [ ] fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA | Loading Dose (optional): Not Ordered<BR>PCA Dose: 10 mcg<BR>Lockout (recommended 6-8 min): Not Ordered<BR>Continuous Dose: 0 mcg/hr<BR>MAX (Four hour dose limit): 150 mcg<br>intravenous, continuous, Post-op<br>Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors.<br><br>Turn Off PCA Continuous Dose (Basal Rate) On Date:<br>Turn Off PCA Continuous Dose (Basal Rate) At Time: |
| [ ] Vital signs - T/P/R/BP | Routine, Per unit protocol<br>- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then<br>- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then<br>- Every 4 hours until PCA therapy is discontinued.<br>- Immediately following PCA administration tubing change, Post-op |
| [ ] Richmond agitation sedation scale | Routine, Once<br>Hold infusion daily at:<br>Target RASS:<br>BIS Monitoring (Target BIS: 40-60):<br>60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects., Post-op |
| [ ] Notify Physician (Specify) | Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason<br>- Inadequate analgesia<br>- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy<br>- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op |
| [ ] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less<br>- Severe and/or recent confusion or disorientation<br>- POSS sedation level 4: Somnolent and difficult to arouse<br>- Sustained hypotension (SBP less than 90)<br>- Excessive nausea or vomiting<br>- Urinary retention, Post-op |
| [ ] naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg | 0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., For 1 Doses, Post-op<br>Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. |

**PCA Medications (Single Response)**

( ) morPHINE PCA 30 mg/30 mL

| | |
|---|---|
| [ ] morPHINE 30 mg/30 mL PCA | Loading Dose (optional): Not Ordered<BR>PCA Dose: 1 mg<BR>Lockout: Not Ordered<BR>Continuous Dose: 0 mg/hr<BR>MAX (Four hour dose limit): 20 mg intravenous, continuous, Post-op<br>Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE. Adjust doses for age, renal function or other factors. |
| [ ] Vital signs - T/P/R/BP | Routine, Per unit protocol<br>- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then<br>- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then<br>- Every 4 hours until PCA therapy is discontinued.<br>- Immediately following PCA administration tubing change, Post-op |
| [ ] Richmond agitation sedation scale | Routine, Once<br>Hold infusion daily at:<br>Target RASS:<br>BIS Monitoring (Target BIS: 40-60):<br>60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects., Post-op |
| [ ] Notify Physician (Specify) | Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason<br>- Inadequate analgesia<br>- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy<br>- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op |
| [ ] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less<br>- Severe and/or recent confusion or disorientation<br>- POSS sedation level 4: Somnolent and difficult to arouse<br>- Sustained hypotension (SBP less than 90)<br>- Excessive nausea or vomiting<br>- Urinary retention, Post-op |
| [ ] naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg | 0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., For 1 Doses, Post-op<br>Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. |

( ) hydromorPHONE PCA (DILAUDID) 15 mg/30 mL

| | |
|---|---|
| [ ] hydromorPHONE (DILAUDID) 15 mg/30 mL PCA | Loading Dose (optional): Not Ordered<BR>PCA Dose: 0.2 mg<BR>Lockout: Not Ordered<BR>Continuous Dose: 0 mg/hr<BR>MAX (Four hour dose limit): 3 mg intravenous, continuous, Post-op<br>Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors.<br>Turn Off PCA Continuous Dose (Basal Rate) On Date:<br>Turn Off PCA Continuous Dose (Basal Rate) At Time: |
| [ ] Vital signs - T/P/R/BP | Routine, Per unit protocol<br>- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then<br>- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then<br>- Every 4 hours until PCA therapy is discontinued.<br>- Immediately following PCA administration tubing change, Post-op |
| [ ] Richmond agitation sedation scale | Routine, Once<br>Hold infusion daily at:<br>Target RASS:<br>BIS Monitoring (Target BIS: 40-60):<br>60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects., Post-op |
| [ ] Notify Physician (Specify) | Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason<br>- Inadequate analgesia<br>- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy<br>- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op |
| [ ] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less<br>- Severe and/or recent confusion or disorientation<br>- POSS sedation level 4: Somnolent and difficult to arouse<br>- Sustained hypotension (SBP less than 90)<br>- Excessive nausea or vomiting<br>- Urinary retention, Post-op |
| [ ] naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg | 0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., For 1 Doses, Post-op<br>Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. |

( ) fentaNYL PCA (SUBLIMAZE) 600 mcg/30 mL

| | |
|---|---|
| [ ] fentaNYL (SUBLIMAZE) 600 mcg/30 mL PCA | Loading Dose (optional): Not Ordered<BR>PCA Dose: 10 mcg<BR>Lockout Interval: Not Ordered<BR>Continuous Dose: 0 mcg/hr<BR>MAX (Four hour dose limit): 150 mcg intravenous, continuous, Post-op<br>Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors.<br><br>Turn Off PCA Continuous Dose (Basal Rate) On Date:<br>Turn Off PCA Continuous Dose (Basal Rate) At Time: |
| [ ] Vital signs - T/P/R/BP | Routine, Per unit protocol<br>- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then<br>- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then<br>- Every 4 hours until PCA therapy is discontinued.<br>- Immediately following PCA administration tubing change, Post-op |
| [ ] Richmond agitation sedation scale | Routine, Once<br>Hold infusion daily at:<br>Target RASS:<br>BIS Monitoring (Target BIS: 40-60):<br>60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects., Post-op |
| [ ] Notify Physician (Specify) | Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason<br>- Inadequate analgesia<br>- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy<br>- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op |
| [ ] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less<br>- Severe and/or recent confusion or disorientation<br>- POSS sedation level 4: Somnolent and difficult to arouse<br>- Sustained hypotension (SBP less than 90)<br>- Excessive nausea or vomiting<br>- Urinary retention, Post-op |
| [ ] naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg | 0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., For 1 Doses, Post-op<br>Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. |

**Antiemetics - HMH, HMSJ, HMW, HMSTC 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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. |

**Laxatives (Single Response)**

| | |
|---|---|
| ( ) sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet | 2 tablet, oral, nightly PRN, constipation, Post-op |
| ( ) magnesium hydroxide suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR WORSE | 30 mL, oral, every 6 hours PRN, constipation, Post-op<br>Do not give if patient is on hemodialysis or is in chronic renal failure. |
| ( ) bisacodyl (DULCOLAX) EC tablet | 10 mg, oral, daily PRN, constipation, Post-op |
| ( ) bisacodyl (DULCOLAX) suppository | 10 mg, rectal, daily PRN, constipation, Post-op |
| ( ) polyethylene glycol (MIRALAX) packet | 17 g, oral, daily PRN, constipation, Post-op |

**Symptom Management**

| | |
|---|---|
| [ ] acetaminophen (TYLENOL) tablet | 650 mg, oral, every 6 hours PRN, headaches, fever, Temperature greater than 101, Post-op |
| [ ] benzocaine-menthol (CEPACOL MAX) lozenge 15-3.6 mg | 1 lozenge, buccal, PRN, sore throat, Post-op |
| [ ] pantoprazole (PROTONIX) EC tablet | 40 mg, oral, daily at 0600, Post-op<br>Indication(s) for Proton Pump Inhibitor (PPI) Therapy: |
| [ ] ergocalciferol (ERGOCALCIFEROL) capsule | 50,000 Units, oral, weekly, Post-op<br>POD #1 |
| [ ] cholecalciferol (VITAMIN D3) capsule | 2,000 Units, oral, daily, Post-op |
| [ ] dexamethasone (DECADRON) IV | intravenous, once, Starting S+1, For 1 Doses, Post-op<br>POD #1 |
| [ ] methocarbamol (ROBAXIN) tablet | 500 mg, oral, every 8 hours PRN, muscle spasms, For 24 Hours, Post-op<br>Muscle relaxants should be minimized in patients over 65 years old. |

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

| | |
|---|---|
| ( ) cetirizine (ZyrTEC) tablet | 5 mg, oral, daily PRN, itching, Post-op |

**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 80 mL/min, reduce frequency to once daily as needed | 60 mg, oral, 2 times daily PRN, itching, Post-op |

**Insomnia**

| | |
|---|---|
| [ ] 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<br>Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation<br>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<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:<br>PACU & Post-op |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>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<br>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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min |

| | |
|---|---|
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op<br>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.<br>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<br>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<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |

[ ] Mechanical Prophylaxis (Single Response)

| | |
|---|---|
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>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 |

( ) Moderate Risk of DVT - Non-Surgical

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

[ ] Moderate Risk

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

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

| | |
|---|---|
| ( ) Patient is currently receiving therapeutic anticoagulation | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>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

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

| | |
|---|---|
| [ ] High Risk | |
| [ ] 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<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>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<br>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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>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<br>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.<br>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<br>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<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>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 ordering 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<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>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<br>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<br>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<br>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<br>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.<br>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<br>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<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>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 ordering 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<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) apixaban (ELIQUIS) tablet | 2.5 mg, oral, every 12 hours, Starting S+1, PACU & Post-op<br>Indications: |
| ( ) aspirin chewable tablet | 162 mg, oral, daily, Starting S+1, PACU & Post-op |
| ( ) aspirin (ECOTRIN) enteric coated tablet | 162 mg, oral, daily, Starting S+1, PACU & Post-op |
| ( ) enoxaparin (LOVENOX) injection (Single Response) | |
| ( ) enoxaparin (LOVENOX) syringe - hip arthoplasty | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| ( ) enoxaparin (LOVENOX) syringe - knee arthroplasty | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 |
| ( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty | 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1<br>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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. |

| | |
|---|---|
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>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<br>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<br>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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| ( ) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission | 10 mg, oral, daily at 0600 (time critical), Starting S+1, PACU & Post-op<br>To be Given on Post Op Day 1.<br>Indications: |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>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 |

**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<br>Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation<br>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<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>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<br>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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op<br>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.<br>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<br>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<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>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 |

( ) Moderate Risk of DVT - Non-Surgical

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

| | |
|---|---|
| [ ] Moderate Risk | |
| [ ] Moderate risk of VTE | Routine, Once, PACU & Post-op |
| [ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) | |
| ( ) Patient is currently receiving therapeutic anticoagulation | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>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

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

| | |
|---|---|
| [ ] High Risk | |
| [ ] 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<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>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<br>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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>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<br>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.<br>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<br>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<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>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 ordering 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<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>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<br>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<br>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<br>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<br>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.<br>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<br>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<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>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 ordering 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<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) apixaban (ELIQUIS) tablet | 2.5 mg, oral, every 12 hours, Starting S+1, PACU & Post-op<br>Indications: |
| ( ) aspirin chewable tablet | 162 mg, oral, daily, Starting S+1, PACU & Post-op |
| ( ) aspirin (ECOTRIN) enteric coated tablet | 162 mg, oral, daily, Starting S+1, PACU & Post-op |
| ( ) enoxaparin (LOVENOX) injection (Single Response) | |
| ( ) enoxaparin (LOVENOX) syringe - hip arthoplasty | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| ( ) enoxaparin (LOVENOX) syringe - knee arthroplasty | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 |
| ( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty | 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1<br>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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>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<br>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<br>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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| ( ) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission | 10 mg, oral, daily at 0600 (time critical), Starting S+1, PACU & Post-op<br>To be Given on Post Op Day 1.<br>Indications: |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |

| | | |
|---|---|---|
| ( ) | Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>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 |

## Labs

### Labs Today

| | | |
|---|---|---|
| [ ] | Hemoglobin and hematocrit | STAT For 1 Occurrences, PACU |
| [ ] | Sodium level | STAT For 1 Occurrences, PACU |
| [ ] | Potassium level | STAT For 1 Occurrences, PACU |

### Labs POD 1

| | | |
|---|---|---|
| [ ] | Hemoglobin and hematocrit | AM draw For 1 Occurrences, Post-op |
| [ ] | CBC with platelet and differential | AM draw repeats For 2 Occurrences, Post-op |
| [ ] | Basic metabolic panel | AM draw repeats For 2 Occurrences, Post-op |
| [ ] | Partial thromboplastin time | AM draw repeats For 3 Occurrences, Post-op |
| [ ] | Prothrombin time with INR | AM draw repeats For 3 Occurrences, Post-op |
| [ ] | Platelet count | AM draw For 1 Occurrences, Post-op |

## Cardiology

## Imaging

### X-Ray

| | | |
|---|---|---|
| [ ] | XR Hip 2-3 View Left | Routine, 1 time imaging For 1 , PACU |
| [ ] | XR Hip 2-3 View Right | Routine, 1 time imaging For 1 , PACU |
| [ ] | Pelvis 1 Or 2 Vw | Routine, 1 time imaging For 1 , PACU |
| [ ] | Hips Bilateral Ap Lateral W Ap Pelvis | Routine, 1 time imaging For 1 , PACU |
| [ ] | Femur 2 Vw Left | Routine, 1 time imaging For 1 , PACU |
| [ ] | Femur 2 Vw Right | Routine, 1 time imaging For 1 , PACU |

## Other Studies

## Respiratory

### Respiratory

| | | |
|---|---|---|
| [ ] | Pulse oximetry | Routine, Continuous<br>Current FIO2 or Room Air:<br>And while patient in on PCA., Post-op |
| [ ] | Oxygen therapy | Routine, Continuous<br>Device 1: Nasal Cannula<br>Rate in liters per minute:<br>Rate in tenths of a liter per minute:<br>O2 %:<br>Titrate to keep O2 Sat Above: 90%<br>Indications for O2 therapy:<br>Post-op |
| [ ] | Incentive spirometry | Routine, Every hour For 10 Occurrences<br>While awake. Respiratory to instruct at bedside and encourage cough and deep breathing exercises., Post-op |

| | |
|---|---|
| [ ] CPAP | Routine, Once<br>Device Interface:<br>CPAP:<br>Mode:<br>Resp Rate (breaths/min):<br>EPAP (cm H2O):<br>O2 Bleed In (L/min):<br>% FiO2:<br>FiO2:<br>At bedside., Post-op |

## Rehab

## Consults

For Physician Consult orders use sidebar

**Ancillary Consults**

| | |
|---|---|
| [ ] Consult to Case Management | Consult Reason: Discharge Planning<br>Post-op, And post discharge equipment needs. Plan discharge on POD #2-3. |
| [ ] Consult to Social Work | Reason for Consult: Discharge Placement<br>Post-op, And post discharge equipment needs. Plan to discharge on POD #2-3. |
| [ ] Consult PT eval and treat | Special Instructions: evaluate equipment needs at discharge<br>Weight Bearing Status: |
| [ ] Consult OT eval and treat | Special Instructions: Instruct on use of hip kit.<br>Weight Bearing Status: |
| [ ] Consult to Fracture Liaison Service | Clinical Indications:<br>Post-op |

## Additional Orders