

Cystectomy Pre-Op [1980]

General

Pre Anesthesia Testing Orders

The ambulatory orders in this section are specifically for Pre Anesthesia Testing. For additional PAT orders, please use 'Future Status' and 'Pre-Admission Testing Phase of Care'

<input type="checkbox"/> Other Diagnostic Studies	
<input type="checkbox"/> ECG Pre/Post Op	Routine, Ancillary Performed, Status: Future, Expires: S+366, Pre-Admission Testing
<input type="checkbox"/> Pv carotid duplex	Status: Future, Expires: S+366, Routine, Clinic Performed
<input type="checkbox"/> Us vein mapping lower extremity	Status: Future, Expires: S+366, Routine, Clinic Performed
<input type="checkbox"/> Respiratory	
<input type="checkbox"/> Spirometry pre & post w/ bronchodilator	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?
<input type="checkbox"/> Body Plethysmographic lung volumes	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?
<input type="checkbox"/> Diffusion capacity	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?
<input type="checkbox"/> Spirometry	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?
<input type="checkbox"/> Laboratory: Preoperative Testing Labs - All Facilities	
<input type="checkbox"/> CBC with platelet and differential	Routine, Status: Future, Expires: S+366, Clinic Collect LabCorp Has the patient fasted? Pre-Admission Testing
<input type="checkbox"/> Comprehensive metabolic panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Basic metabolic panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Prothrombin time with INR	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Partial thromboplastin time	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Hepatic function panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Platelet function analysis	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Hemoglobin A1c	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Type and screen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> hCG qualitative, serum screen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> POC pregnancy, urine	Routine, Point Of Care, Pre-Admission Testing
<input type="checkbox"/> Urinalysis, automated with microscopy	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Laboratory: Additional Labs - HMWB, HMSJ, HMSTJ, HMTW	
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
<input type="checkbox"/> CBC hemogram	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> HIV 1, 2 antibody	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing

[] Syphilis treponemal IgG	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] Hepatitis acute panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] Thromboelastograph	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] MRSA screen culture	Routine, Status: Future, Expires: S+366, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing
[] T3	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] T4	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] Thyroid stimulating hormone	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] Prostate specific antigen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] <u>Laboratory: Additional Labs - HMSL, HMW</u>	
[] Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
[] CBC hemogram	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] Rapid HIV 1 & 2	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] Syphilis treponemal IgG	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] Hepatitis acute panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] Thromboelastograph	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] MRSA screen culture	Routine, Status: Future, Expires: S+366, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing
[] T3	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] T4	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] Thyroid stimulating hormone	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] Prostate specific antigen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] <u>Laboratory: Additional Labs - HMH</u>	
[] Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
[] CBC hemogram	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] HIV Ag/Ab combination	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] Syphilis treponemal IgG	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
[] Hepatitis acute panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing

<input type="checkbox"/> Thromboelastograph	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> MRSA screen culture	Routine, Status: Future, Expires: S+366, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing
<input type="checkbox"/> T3	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> T4	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Thyroid stimulating hormone	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Prostate specific antigen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing

Planned ICU Admission Post-Operatively (Admit to Inpatient Order) (Single Response)

Patients who are having an Inpatient Only Procedure as determined by CMS and patients with prior authorization for Inpatient Care may have an Admit to Inpatient order written pre-operatively.

<input type="checkbox"/> 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. Pre-op
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Nursing

Vital Signs

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

Notify

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

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

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

Diet

[] NPO - effective midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: Pre-op
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IV Fluids

[] sodium chloride 0.9 % infusion	intravenous, continuous, Pre-op
[] lactated Ringer's infusion	intravenous, continuous, Pre-op
[] dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Pre-op
[] dextrose 5%-sodium chloride 0.45% (D5-1/2NS) with potassium chloride (custom amount) infusion	intravenous, continuous, Pre-op
[] sodium chloride 0.45% with potassium chloride (custom amount) infusion	intravenous, continuous, Pre-op

Medications

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

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

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

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

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

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

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

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

() ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Pre-op Give within 1 hour of urology procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
() cefoxitin (MEFOXIN) 2 g injection	2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

() gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
() ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
() trimethoprim-sulfamethoxazole (BACTRIM) IVPB	320 mg, intravenous, for 2 Hours, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

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

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

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

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

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

() ampicillin-sulbactam (UNASYN) IVPB	3 g, intravenous, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
() gentamicin (GARAMYCIN) IVPB plus ceFAZolin (ANCEF) IVPB - For patients GREATER THAN 120 kg	"And" Linked Panel
[] gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] cefazolin (ANCEF) IVPB	3 g, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of procedure. Infuse over 30 minutes. Repeat 8 hours after initial dose if still intra-op. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
() gentamicin (GARAMYCIN) IVPB plus ceFAZolin (ANCEF) IVPB - For patients LESS than or EQUAL to 120 kg	"And" Linked Panel

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

Antibiotics

[] levofloxacin (LEVAQUIN) IV solution	500 mg, intravenous, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, Starting S, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] For penicillin allergic patients: clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, 60 min pre-op, Starting S, For 1 Doses, Pre-op To be initiated within 1 hour of surgery. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] gentamicin (GARAMYCIN) IVPB plus clindamycin (CLEOCIN) IVPB - For Penicillin or Vancomycin Allergic patients	"And" Linked Panel
[] gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

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

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

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

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

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 encourage 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.

<input type="checkbox"/> Moderate Risk	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> 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 LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, 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 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:
<input type="checkbox"/> 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

() Moderate Risk of DVT - Non-Surgical

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

<input type="checkbox"/> Moderate Risk	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: 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 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-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:
<input type="checkbox"/> 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
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> 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

<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> 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
() 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 CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, 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:
<input type="checkbox"/> 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
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> 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

<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> 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 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-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:
<input type="checkbox"/> 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 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 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:
() 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 arthroplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, 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.
() 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:
[] 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

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 encourage 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 LESS than 30 mL/min

30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1

For Patients with CrCL LESS than 30 mL/min

() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1

For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, 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 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
() 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 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 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-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	
() 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 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 LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCl LESS than 30 mL/min	
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, 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:
<input type="checkbox"/> 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
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> 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.
<input type="checkbox"/> High Risk	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> 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 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-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:
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> High Risk	
<input checked="" type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input checked="" type="checkbox"/> 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:
() 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 arthroplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCl LESS than 30 mL/min - knee/hip arthroplasty	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCl LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.

() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, 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.
() 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:
[] 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

Labs

Laboratory

[] Basic metabolic panel	Once, Pre-op
[] Electrolyte panel	Once, Pre-op
[] Creatinine level	Once, Pre-op
[] BUN level	Once, Pre-op
[] Hemoglobin and hematocrit	Once, Pre-op
[] CBC with platelet and differential	Once, Pre-op
[] Type and screen	Once, Pre-op
[] Prothrombin time with INR	Once, Pre-op
[] Partial thromboplastin time	Once, Pre-op
[] Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: Pre-op
[] Urinalysis, automated with microscopy	Once, Pre-op
[] hCG QUALitative, urine	Once, Pre-op
[] POC glucose	Once, Pre-op

Cardiology

Imaging

Imaging

- Chest 2 Vw
- XR Abdomen 1 Vw

Routine, 1 time imaging For 1 , Pre-op

Routine, 1 time imaging For 1 , Pre-op

Other Studies

Other Diagnostic Studies

- ECG 12 lead

Routine, Once
Clinical Indications:
Interpreting Physician:
Pre-op

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Consults

- Consult to Anesthesiology
- Consult to Cardiology
- Consult to Internal Medicine
- Consult to Nutrition Services
- Consult to Spiritual Care
- Consult to Case Management
- Consult to Social Work

Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
Pre-op

Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
Pre-op

Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
Pre-op

Reason For Consult?
Purpose/Topic:
Pre-op

Reason for consult?
Pre-op

Consult Reason:
Pre-op

Reason for Consult:
Pre-op

Additional Orders