

General

Common Present on Admission Diagnosis

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

Elective Outpatient, Observation, or Admission (Single Response)

| | | |
|-----------------------|---|--|
| <input type="radio"/> | Elective outpatient procedure: Discharge following routine recovery | Routine, Continuous, PACU & Post-op |
| <input type="radio"/> | Outpatient observation services under general supervision | Diagnosis: Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op |
| <input type="radio"/> | Outpatient in a bed - extended recovery | Diagnosis: Admitting Physician: Bed request comments: PACU & Post-op |
| <input type="radio"/> | Admit to Inpatient | Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op |

Admission or Observation (Single Response)

Patient has active outpatient status order on file

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

Admission (Single Response)

Patient has active status order on file

- | | |
|---|--|
| <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. PACU & Post-op |
| <input type="checkbox"/> Transfer patient | Level of Care: Bed request comments: Scheduling/ADT |
| <input type="checkbox"/> Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT |

Transfer (Single Response)

Patient has active inpatient status order on file

- | | |
|---|---|
| <input type="checkbox"/> Transfer patient | Level of Care: Bed request comments: Scheduling/ADT |
| <input type="checkbox"/> Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT |

Code Status

- | | |
|---|--|
| <input type="checkbox"/> Full Code | Code Status decision reached by: Post-op |
| <input type="checkbox"/> DNR (Do Not Resuscitate) | |
| <input type="checkbox"/> DNR (Do Not Resuscitate) | Does patient have decision-making capacity? Post-op |

| | |
|---|--|
| <input type="checkbox"/> Consult to Palliative Care Service | Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: |
| <input type="checkbox"/> Consult to Social Work | Reason for Consult: Post-op |
| <input type="checkbox"/> Modified Code | Does patient have decision-making capacity? Modified Code restrictions: Post-op |
| <input type="checkbox"/> Treatment Restrictions | Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op |

Isolation

| | |
|--|---------|
| <input type="checkbox"/> Airborne isolation status | Details |
| <input type="checkbox"/> Contact isolation status | Details |
| <input type="checkbox"/> Droplet isolation status | Details |
| <input type="checkbox"/> Enteric isolation status | Details |

Precautions

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|---|--|
| <input type="checkbox"/> Aspiration precautions | Post-op |
| <input type="checkbox"/> Fall precautions | Increased observation level needed: Post-op |
| <input type="checkbox"/> Latex precautions | Post-op |
| <input type="checkbox"/> Seizure precautions | Increased observation level needed: Post-op |

Nursing

Vital Signs

| | |
|---|--|
| <input type="checkbox"/> Vital signs - T/P/R/BP | Routine, Per unit protocol, Post-op |
| <input type="checkbox"/> Measure blood pressure | Routine, Every 4 hours If patient does NOT have an arterial line in the ICU, please obtain blood pressure with a manual cuff and doppler unit, Post-op |
| <input type="checkbox"/> CVP monitoring | Routine, Continuous Monitor CVP continuously for VAD patients. DO NOT use CVP port for infusions. , Post-op |
| <input type="checkbox"/> PAP monitoring | Routine, Continuous, Post-op |
| <input type="checkbox"/> Hemodynamic Monitoring | Routine, Continuous Measure: Post-op |
| <input type="checkbox"/> Pulse oximetry | Routine, Continuous Current FIO2 or Room Air: Post-op |

Activity

| | |
|--|--|
| <input type="checkbox"/> Strict bed rest | Routine, Until discontinued, Starting S, Post-op |
| <input type="checkbox"/> Up in cardiac chair | Routine, Every 12 hours Specify: Up in chair Additional modifier: in cardiac chair Advance as tolerated to out of bed to chair, Post-op |
| <input type="checkbox"/> Out of bed | Routine, Every 12 hours Specify: Out of bed To chair as tolerated, Post-op |

Nursing Care

| | |
|---|------------------------------|
| <input type="checkbox"/> Height and weight | Routine, Once, Post-op |
| <input type="checkbox"/> Strict intake and output | Routine, Every hour, Post-op |

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|--|--|
| <input checked="" type="checkbox"/> Apply warming blanket (bair hugger) | Routine, Once To achieve body temperature of 98.6 F, Post-op |
| <input type="checkbox"/> Foley catheter care | Routine, 2 times daily Orders: Maintain, to gravity Post-op |
| <input type="checkbox"/> Nasogastric tube maintenance (to low intermittent suction) | Routine, Until discontinued, Starting S Tube Care Orders: To Low Intermittent Suction Post-op |
| <input type="checkbox"/> Nasogastric tube maintenance (remove NGT after extubation) | Routine, Once For 1 Occurrences Tube Care Orders: Remove NGT after extubation, Post-op |
| <input type="checkbox"/> Chest tube to continuous suction | Routine, Until discontinued, Starting S Level of suction: 20 cm H2O Post-op |
| <input type="checkbox"/> Head of bed 35 degrees | Routine, Until discontinued, Starting S Head of bed: other degrees (specify) Specify: 35 Post-op |
| <input type="checkbox"/> Reinforce dressing | Routine, As needed Reinforce with: Incision dressings, Post-op |
| <input type="checkbox"/> Change dressing (to LVAD) | Routine, Every morning To LVAD dressing site. Daily and PRN to cannulation or percutaneous line exit site utilizing aseptic technique per protocol with 4 % Chlorhexidine solution, unless contraindicated. , Post-op |
| <input type="checkbox"/> Change dressing (to TAH) | Routine, Every morning To TAH dressing site daily and PRN to cannulation or percutaneous line exit site utilizing sterile technique per protocol with hydrogen peroxide and betadine solution. , Post-op |
| <input type="checkbox"/> Driveline stabilization device | Routine, Until discontinued, Starting S At all times to stabilize and support driveline, Post-op |
| <input type="checkbox"/> All orders to be cleared by VAD Team | Routine, Until discontinued, Starting S, Post-op |
| <input type="checkbox"/> Contact perfusion with all questions regarding device function | Routine, Until discontinued, Starting S, Post-op |
| <input type="checkbox"/> Ensure PBU/Battery charger is connected to emergency power outlet (red outlet) and backup batteries should be kept/placed in battery charger when not in use. | Routine, Until discontinued, Starting S, Post-op |
| <input type="checkbox"/> Device Requirements | Routine, Until discontinued, Starting S A) HeartMate II : Secondary controller B) DuraHeart : Secondary controller, Hematocrit must be updated daily for flow calculations C) HeartWare : Secondary controller D) Syncardia : None, Post-op |
| <input type="checkbox"/> Perfusion to assist with all transports | Routine, Until discontinued, Starting S, Post-op |
| <input type="checkbox"/> Stabilization device: anchor, belt or binder in place at all times | Routine, Until discontinued, Starting S, Post-op |
| <input type="checkbox"/> Document VAD parameters upon arrival to unit and every 1 hour | Routine, Until discontinued, Starting S, Post-op |
| <input type="checkbox"/> Interrogate AICD/PPM upon patient arrival to FICU | Routine, Until discontinued, Starting S, Post-op |
| <input type="checkbox"/> Wean ventilator per CVICU protocol | Routine, Until discontinued, Starting S, Post-op |
| <input type="checkbox"/> Temporary pacer settings | Routine, Until discontinued, Starting S Patients with no ischemic disease and no AICD: Pacer wires attached to generator and on with setting rate of >80 BPM temporary pacer settings will be A-V with delayed A-V pacing to permit native ventricular capture or atrial pacing only if intact AV node conduction to maintain a heart rate >80 BPM first 48 hours pacer wires should be connected to generator in standby mode, Post-op |

| | |
|--|---|
| <input type="checkbox"/> Emergencies per ACLS protocol / Defibrillation per device recommendations | Routine, Until discontinued, Starting S Device recommendations as follows: A) HeartMate II : No need to disconnect controller B) DuraHeart : Ensure console in "Safe Mode" C) HeartWare : No need to disconnect controller D) Syncardia : No chest compressions, defibrillation or cardioversion , Post-op |
|--|---|

Notify

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| <input type="checkbox"/> Notify VAD Team (LVAD flows) | Routine, Until discontinued, Starting S, If LVAD flows less than *** or greater than ***, Post-op |
| <input type="checkbox"/> Notify VAD Team (heart rate) | Routine, Until discontinued, Starting S, If heart rate less than 60 or greater than 120. , Post-op |
| <input type="checkbox"/> Notify VAD Team (Systolic BP) | Routine, Until discontinued, Starting S, If systolic blood pressure less than *** or greater than ***, Post-op |
| <input type="checkbox"/> Notify VAD Team (CVP) | Routine, Until discontinued, Starting S, If CVP less than *** or greater than ***. , Post-op |
| <input type="checkbox"/> Notify VAD Team (Resp Rate) | Routine, Until discontinued, Starting S, If respiratory rate less than *** or greater than ***, Post-op |
| <input type="checkbox"/> Notify VAD Team (SaO2) | Routine, Until discontinued, Starting S, If SaO2 less than ***, Post-op |
| <input type="checkbox"/> Notify VAD Team (temp) | Routine, Until discontinued, Starting S, If temperature greater than 100.5F, Post-op |
| <input type="checkbox"/> Notify VAD Team (urine output) | Routine, Until discontinued, Starting S, If urine output less than ***, Post-op |
| <input type="checkbox"/> Notify Clinical VAD Coordinator upon arrival from OR to ICU | Routine, Until discontinued, Starting S, Post-op |
| <input type="checkbox"/> Notify Consultants of patient's transfer location | Routine, Until discontinued, Starting S, Post-op |
| <input type="checkbox"/> Notify Transplant Cardiology Service of patient transfer location | Routine, Until discontinued, Starting S, Post-op |

Diet

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|---|---|
| <input type="checkbox"/> NPO | Diet effective now, Starting S NPO: Pre-Operative fasting options: Until extubated , Post-op |
| <input type="checkbox"/> Diet- Clear Liquid | Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Advance target diet criteria: Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op |
| <input type="checkbox"/> Diet (Regular) | Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op |
| <input type="checkbox"/> Diet - (Diabetic) | Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: 1800 Kcal/225 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op |

IV Fluids

IV Bolus (Single Response)

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|---|---|
| <input type="checkbox"/> lactated ringers bolus 1000 mL | 1,000 mL, intravenous, once, For 1 Doses, Post-op Not to be infused through CVP port |
|---|---|

IV FLUIDS (Single Response)

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|--|--|
| <input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion | intravenous, continuous, Post-op Not to be infused through CVP port |
| <input type="checkbox"/> dextrose 5 % and sodium chloride 0.2 % with potassium chloride 20 mEq/L infusion | intravenous, continuous, Post-op Not to be infused through CVP port |
| <input type="checkbox"/> sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion | intravenous, continuous, Post-op Not to be infused through CVP port |
| <input type="checkbox"/> lactated Ringer's infusion | intravenous, continuous, Post-op Not to be infused through CVP port |

Medications

Pharmacy consult

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|--|--|
| <input checked="" type="checkbox"/> Pharmacy consult to manage dose adjustments for renal function | STAT, Until discontinued, Starting S Adjust dose for: |
| <input type="checkbox"/> Pharmacy consult to manage heparin protocol for LVAD patient | STAT, Until discontinued, Starting S For Until specified Heparin Indication: LVAD Monitoring: aPTT |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S For Until specified Indication: LVAD (Specify Target INR) Target INR: |

Anticoagulation: Renal Dosing

Use in patients with eGFR LESS THAN 30 mL/min.

| | |
|---|--|
| <input type="checkbox"/> enoxaparin (LOVENOX) injection | 30 mg, subcutaneous, daily at 1700 (time critical), Post-op Start POD#1 |
|---|--|

Postop Antibiotics

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|--|---|
| <input type="checkbox"/> Ceftriaxone + Vancomycin | |
| <input type="checkbox"/> cefTRIAxone (ROCEPHIN) IV | 2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Postop antibiotic. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| <input type="checkbox"/> vancomycin (VANCOCIN) IV | 15 mg/kg, intravenous, once, For 1 Doses, Post-op Postop antibiotic Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis Indication: Increased MRSA rate (operation specific) |

Proton Pump Inhibitor

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|---|---|
| <input type="checkbox"/> Pantoprazole (PROTONIX) - Oral or IV | "Or" Linked Panel |
| <input type="checkbox"/> pantoprazole (PROTONIX) EC tablet | 40 mg, oral, daily before breakfast, Post-op Once extubated. Please give if patient can tolerate oral. Indication(s) for Proton Pump Inhibitor (PPI) Therapy: Stress Ulcer Prophylaxis(SUP) in a Critical Care Unit |
| <input type="checkbox"/> pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection | 40 mg, intravenous, daily before breakfast, Post-op Give if patient cannot tolerate oral medications Indication(s) for Proton Pump Inhibitor (PPI) Therapy: Stress Ulcer Prophylaxis(SUP) in a Critical Care Unit |

Pain Management (Single Response)

| | |
|---|---|
| <input type="checkbox"/> fentaNYL (SUBLIMAZE) injection | 25 mcg, intravenous, every 30 min PRN, moderate pain (score 4-6), Post-op ONCE EXTUBATED TO ACHIEVE PAIN SCORE LESS THAN 4 OF 10 |
|---|---|

| | |
|---|---|
| <input type="checkbox"/> morphine injection | 2 mg, intravenous, every 1 hour prn, moderate pain (score 4-6), Post-op ONCE EXTUBATED TO ACHIEVE PAIN SCORE LESS THAN 4 OF 10 |
| <input type="checkbox"/> HYDROMORPHONE (DILAUDID) injection | intravenous, Post-op ONCE EXTUBATED TO ACHIEVE PAIN SCORE LESS THAN 4 OF 10 |

Bowel Management

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|--|---|
| <input type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet | 2 tablet, oral, 2 times daily, Post-op |
| <input type="checkbox"/> bisacodyl (DULCOLAX) suppository | 10 mg, rectal, every 8 hours PRN, constipation, Post-op |

VTE

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Low Risk of DVT

Low Risk (Single Response)

Low risk of VTE

Routine, Once

Low risk: Due to low risk, no VTE prophylaxis is needed.

Will 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

| | |
|--|--|
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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): |
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op |
| <input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication: |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) | |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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) | |
| <input type="checkbox"/> Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) | |

| | |
|--|--|
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700 (time critical), Starting S |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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): |
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op |
| <input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), PACU & Post-op Indication: |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) | |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> High Risk of DVT - 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 - Surgical Patient (Single Response) | |
| <input type="checkbox"/> Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) | |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| <input type="checkbox"/> 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 |

| | |
|--|---|
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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): |
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op |
| <input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication: |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) | |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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) | |
| <input type="checkbox"/> Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) | |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700 (time critical), Starting S |
| <input type="checkbox"/> 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 |

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| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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): |
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op |
| <input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), PACU & Post-op Indication: |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) | |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> High Risk of DVT - Surgical (Hip/Knee) | |
| 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 - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) | |
| <input type="checkbox"/> Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> apixaban (ELIQUIS) tablet | 2.5 mg, oral, every 12 hours, Starting S+1, PACU & Post-op Indications: |
| <input type="checkbox"/> aspirin chewable tablet | 162 mg, oral, daily, Starting S+1, PACU & Post-op |
| <input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet | 162 mg, oral, daily, Starting S+1, PACU & Post-op |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) | |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe - hip arthroplasty | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe - knee arthroplasty | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 |

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| <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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): |
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op |
| <input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| <input type="checkbox"/> 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: |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication: |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) | |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| <input type="checkbox"/> 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 |

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

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| <input type="checkbox"/> 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): |
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op |
| <input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication: |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) | |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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) | |
| <input type="checkbox"/> Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) | |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700 (time critical), Starting S |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |

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| <input type="checkbox"/> 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): |
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op |
| <input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), PACU & Post-op Indication: |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) | |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> High Risk of DVT - 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 - Surgical Patient (Single Response) | |
| <input type="checkbox"/> Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) | |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |

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| <input type="checkbox"/> 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): |
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op |
| <input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication: |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) | |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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) | |
| <input type="checkbox"/> Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) | |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700 (time critical), Starting S |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |

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| <input type="checkbox"/> 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): |
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op |
| <input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), PACU & Post-op Indication: |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) | |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> High Risk of DVT - Surgical (Hip/Knee) 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 - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) | |
| <input type="checkbox"/> Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> apixaban (ELIQUIS) tablet | 2.5 mg, oral, every 12 hours, Starting S+1, PACU & Post-op Indications: |
| <input type="checkbox"/> aspirin chewable tablet | 162 mg, oral, daily, Starting S+1, PACU & Post-op |
| <input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet | 162 mg, oral, daily, Starting S+1, PACU & Post-op |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) | |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe - hip arthroplasty | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe - knee arthroplasty | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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. |

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| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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): |
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op |
| <input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| <input type="checkbox"/> 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: |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication: |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) | |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| <input type="checkbox"/> 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 |

Labs

Labs Today (upon arrival to unit)

| | |
|---|---|
| <input type="checkbox"/> CBC with platelet and differential | Once For 1 Occurrences Upon arrival to unit, Post-op |
| <input type="checkbox"/> Basic metabolic panel | Once For 1 Occurrences Upon arrival to unit, Post-op |
| <input type="checkbox"/> Magnesium level | Once For 1 Occurrences Upon arrival to unit, Post-op |
| <input type="checkbox"/> Phosphorus level | Once For 1 Occurrences Upon arrival to unit, Post-op |
| <input type="checkbox"/> Prothrombin time with INR | Once For 1 Occurrences Upon arrival to unit, Post-op |
| <input type="checkbox"/> Partial thromboplastin time | Once For 1 Occurrences Upon arrival to unit, Post-op |
| <input type="checkbox"/> Ionized calcium | Once For 1 Occurrences Upon arrival to unit, Post-op |

Labs Every Morning x 3

| | |
|---|--|
| <input type="checkbox"/> CBC with platelet and differential | AM draw repeats For 3 Occurrences, Post-op |
| <input type="checkbox"/> Basic metabolic panel | AM draw repeats For 3 Occurrences, Post-op |

| | | |
|--------------------------|-----------------------------|---|
| <input type="checkbox"/> | Magnesium level | AM draw repeats For 3 Occurrences, Post-op |
| <input type="checkbox"/> | Phosphorus level | AM draw repeats For 3 Occurrences, Post-op |
| <input type="checkbox"/> | Prothrombin time with INR | AM draw repeats For 3 Occurrences, Post-op |
| <input type="checkbox"/> | Partial thromboplastin time | AM draw repeats For 3 Occurrences, Post-op |
| <input type="checkbox"/> | Hepatic function panel | AM draw repeats For 3 Occurrences, Post-op |
| <input type="checkbox"/> | Fibrinogen | AM draw repeats For 3 Occurrences, Post-op |
| <input type="checkbox"/> | D-dimer | AM draw repeats For 3 Occurrences, Post-op |
| <input type="checkbox"/> | C-reactive protein | AM draw repeats For 3 Occurrences, Post-op |
| <input type="checkbox"/> | Hemoglobin | AM draw repeats, Starting S For 3 Occurrences Plasma free, Post-op |
| <input type="checkbox"/> | Hematocrit | AM draw repeats, Starting S For 3 Occurrences DuraHeart: device must be updated daily with correct hematocrit for flow calculations, Post-op |
| <input type="checkbox"/> | Thromboelastograph | AM draw repeats, Starting S Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): 713-791-5198 Post-op |
| <input type="checkbox"/> | Platelet mapping | AM draw repeats, Starting S For 3 Occurrences Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): 713-791-5198 Post-op |

Laboratory

| | | |
|--------------------------|--|--|
| <input type="checkbox"/> | Platelet mapping | AM draw, Starting S+1 For 1 Occurrences Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): Post op day #1, Post-op |
| <input type="checkbox"/> | Ionized calcium (every 4 hours) | Now then every 4 hours For 3 Occurrences While in ICU, Post-op |
| <input type="checkbox"/> | Blood gas, arterial (for 1st 24 hours) | Now then every 4 hours For 24 Hours Upon arrival to unit and every 4 hours while in ICU "for the first 24 hours", Post-op |
| <input type="checkbox"/> | Blood gas, arterial (Q4 hours x3) | Every 4 hours For 3 Occurrences Every 4 hours x 3 while in the ICU, Post-op |
| <input type="checkbox"/> | Blood gas, arterial | Once, Post-op |
| <input type="checkbox"/> | Blood gas, arterial | Conditional Frequency PRN unexplained dyspnea, Post-op |

Cardiology

Cardiology

| | | |
|-------------------------------------|-------------|---|
| <input checked="" type="checkbox"/> | ECG 12 lead | Routine, Once Clinical Indications: Post-Op Surgery Interpreting Physician: Post operative, Post-op |
| <input type="checkbox"/> | ECG 12 lead | Routine, Daily For 3 Occurrences Clinical Indications: Post-Op Surgery Interpreting Physician: Post-op |

Imaging

Diagnostic X-Ray

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Chest 1 Vw Portable | Routine, 1 time imaging For 1 , Post-op |
| <input type="checkbox"/> | Chest 1 Vw Portable (Daily) | Routine, Daily imaging For 3 Occurrences, Post-op |
| <input type="checkbox"/> | Chest 1 Vw Portable(after chest tube removal) | Routine, Conditional Frequency For 1 Occurrences After chest tube removal, Post-op |

Other Studies

Respiratory

Respiratory Therapy

| | |
|--|---|
| <input type="checkbox"/> Oxygen therapy | Routine, Continuous Device 1: Nasal Cannula Rate in liters per minute: 6 Lpm Rate in tenths of a liter per minute: O2 %: Device 2: Device 3: Titrate to keep O2 Sat Above: 95% Indications for O2 therapy: Post-op |
| <input type="checkbox"/> Incentive spirometry (once extubated) | Routine, Every hour Start once extubated. , Post-op |
| <input type="checkbox"/> Mechanical ventilation | Routine, Post-op Mechanical Ventilation: Vent Management Strategies: |

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

| | |
|---|--|
| <input type="checkbox"/> Consult to Social Work | Reason for Consult: Discharge Planning Post-op |
| <input type="checkbox"/> Consult Cardiac Rehab Phase 1 | Routine, Once Clinical Indications: endurance strengthening Post-op |
| <input checked="" type="checkbox"/> Consult to Nutrition Services | Reason For Consult? Other (Specify) Specify: initiate inpatient VAD nutrition protocol by Registered Dietician Post-op |
| <input checked="" type="checkbox"/> Consult to PT eval and treat | Special Instructions: evaluate and treat for ambulation and muscle strengthening Weight Bearing Status: |
| <input type="checkbox"/> Consult to Case Management | Consult Reason: Discharge Planning Post-op |
| <input type="checkbox"/> Consult to Respiratory Therapy | Reason for Consult? Post-op |
| <input type="checkbox"/> Consult to Spiritual Care | Reason for consult? Post-op |
| <input type="checkbox"/> Consult to Transplant Social Work | Reason for Consult? Transplant Psychosocial Evaluation Organ Transplant: Heart Post-op |

Additional Orders