# Liver Surgery Post-op [2178]

## General

**Common Present on Admission Diagnosis**

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

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

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

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

| | |
|---|---|
| ( ) Admit to Inpatient | Diagnosis:<br>Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.<br>PACU & Post-op |
| ( ) Outpatient observation services under general supervision | Diagnosis:<br>Admitting Physician:<br>Patient Condition:<br>Bed request comments:<br>PACU & Post-op |
| ( ) Outpatient in a bed - extended recovery | Diagnosis:<br>Admitting Physician:<br>Bed request comments:<br>PACU & Post-op |
| ( ) Transfer patient | Level of Care:<br>Bed request comments:<br>Scheduling/ADT |
| ( ) Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT |

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

| | |
|---|---|
| ( ) Admit to inpatient | Diagnosis:<br>Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.<br>PACU & Post-op |
| ( ) Transfer patient | Level of Care:<br>Bed request comments:<br>Scheduling/ADT |
| ( ) Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT |

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

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

**Code Status**

| | |
|---|---|
| [ ] Full Code | Code Status decision reached by:<br>Post-op |
| [ ] DNR (Do Not Resuscitate) | |
| [ ] DNR (Do Not Resuscitate) | Does patient have decision-making capacity?<br>Post-op |

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

**Isolation**

| | |
|---|---|
| [ ] Airborne isolation status | Details |
| [ ] Contact isolation status | Details |
| [ ] Droplet isolation status | Details |
| [ ] Enteric isolation status | Details |

**Precautions**

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

## Nursing

**Vital Signs**

| | |
|---|---|
| [X] Vital signs - T/P/R/BP Per Unit Protocol | Routine, Per unit protocol, Post-op |
| [ ] Telemetry | **"And" Linked Panel** |
| [ ] Telemetry monitoring | Routine, Continuous<br>Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)<br>Reason for telemetry:<br>Can be off of Telemetry for tests and baths? Yes<br>Post-op |
| [ ] Telemetry Additional Setup Information | Routine, Continuous<br>High Heart Rate (BPM): 120<br>Low Heart Rate(BPM): 50<br>High PVC's (per minute): 10<br>High SBP(mmHg): 175<br>Low SBP(mmHg): 100<br>High DBP(mmHg): 95<br>Low DBP(mmHg): 40<br>Low Mean BP: 60<br>High Mean BP: 120<br>Low SPO2(%): 94<br>Post-op |

**Activity**

| | |
|---|---|
| [ ] Head of bed 30 degrees | Routine, Until discontinued, Starting S<br>Head of bed: 30 degrees<br>If not contraindicated, Post-op |
| [ ] Bed rest | Routine, Until discontinued, Starting S For 24 Hours<br>Bathroom Privileges:<br>Evening of surgery, Post-op |

| | |
|---|---|
| [ ] Up in chair for meals | Routine, Until discontinued, Starting S<br>Specify: Up in chair<br>Additional modifier: for meals<br>Post-op |
| [ ] Ambulate POD 1 | Routine, 3 times daily, Starting S+1<br>Specify: in hall,with assistance<br>Post-op |
| [ ] Activity as tolerated | Routine, Until discontinued, Starting S<br>Specify: Activity as tolerated<br>Post-op |

**Nursing Care**

| | |
|---|---|
| [ ] Measure drainage | Routine, Every 8 hours<br>Type of drain:<br>Record output from drain every 8 hours and as needed,<br>Post-op |
| [ ] Intake and Output | Routine, Per unit protocol, Post-op |
| [ ] Saline lock IV | Routine, Continuous<br>When tolerating soft or regular diet , Post-op |
| [ ] Bladder scan | Routine, As needed<br>If patient does not void within 4 hours of urinary catheter removal, bladder scan and notify surgical team. , Post-op |

**Tubes and Drain Care**

| | |
|---|---|
| [ ] Drain care | Routine, 2 times daily<br>Drain 1:<br>Drain 2:<br>Drain 3:<br>Drain 4:<br>All Drains:<br>Empty and record output every 8 hours and as needed,<br>Post-op |
| [ ] Foley catheter - discontinue | Routine, Once, Post-op |
| [ ] Do not remove Foley | Routine, Until discontinued, Starting S<br>Rationale:<br>Post-op |
| [ ] Nasogastric tube insertion | Routine, Once<br>Type:<br>Post-op |
| [ ] Nasogastric tube maintenance | Routine, Until discontinued, Starting S<br>Tube Care Orders:<br>Post-op |
| [ ] Gastric tube maintenance | Routine, Until discontinued, Starting S<br>Drainage:<br>Intervention:<br>Post-op |
| [ ] Jejunostomy tube maintenance | Routine, Once<br>Drainage:<br>Intervention:<br>Post-op |

**Incision/Wound Care**

| | |
|---|---|
| [ ] Abdominal binder | Routine, Once<br>Waking hours only?<br>Nurse to schedule?<br>Special Instructions:<br>Post-op |

| | |
|---|---|
| [X] Surgical/incision site care | Routine, Every 12 hours<br>Location:<br>Site:<br>Apply:<br>Dressing Type:<br>Open to air?<br>Removed surgical dressing at 24 hours post-op. After removal, wound, tube, and drain care every 12 hours and as needed. , Post-op |
| [ ] Wound care orders | Routine, Every 12 hours<br>Wound care to be performed by:<br>Location:<br>Site:<br>Irrigate wound?<br>Apply:<br>Dressing Type:<br>Post-op |
| [ ] Provide equipment / supplies at bedside | Routine, Once<br>Supplies:<br>Post-op |
| [ ] Consult to Wound Ostomy Care Nurse | Reason for consult:<br>Reason for consult:<br>Reason for consult:<br>Reason for consult:<br>Consult for NPWT:<br>Reason for consult:<br>Post-op |

**Notify**

| | |
|---|---|
| [X] Notify Physician for vitals: | Routine, Until discontinued, Starting S<br>Temperature greater than:<br>Temperature less than:<br>Systolic BP greater than: 160<br>Systolic BP less than: 110<br>Diastolic BP greater than:<br>Diastolic BP less than:<br>MAP less than: 60<br>Heart rate greater than (BPM): 100<br>Heart rate less than (BPM): 60<br>Respiratory rate greater than: 30<br>Respiratory rate less than: 10<br>SpO2 less than: 92 |
| [X] Notify Physician if urine output is less than: | Routine, Until discontinued, Starting S, 30 milliliters/hour or less than 250 milliliters/8 hours, Post-op |
| [X] Notify Surgeon | Routine, Until discontinued, Starting S, And perform bladder scan if patient does not void within 4 hours of urinary catheter removal removal., Post-op |
| [X] Notify Physician for | Routine, Until discontinued, Starting S, Saturated surgical dressing, active bleeding, or change in condition , Post-op |

**Diet**

| | |
|---|---|
| [ ] NPO | Diet effective now, Starting S<br>NPO:<br>Pre-Operative fasting options:<br>Post-op |
| [ ] NPO except ice chips and sips with meds | Diet effective now, Starting S<br>NPO: Except Ice chips,Except Sips with meds<br>Pre-Operative fasting options:<br>Post-op |

| | |
|---|---|
| [ ] Diet- Clear liquid advance as tolerated to Heart Healthy | Diet effective now, Starting S<br>Diet(s): Clear Liquids<br>Advance Diet as Tolerated? Yes<br>Target Diet: Heart Healthy Diet<br>Advance target diet criteria:<br>Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:<br>Post-op |
| [ ] Diet - Regular | Diet effective now, Starting S<br>Diet(s): Regular<br>Advance Diet as Tolerated?<br>Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:<br>Post-op |
| [ ] Diet- 2000 Kcal/225 gm Carbohydrate | Diet effective now, Starting S<br>Diet(s): 2000 Kcal/225 gm Carbohydrate<br>Advance Diet as Tolerated?<br>Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:<br>Post-op |

**Education**

| | |
|---|---|
| [ ] Patient education- Activity | Routine, Once<br>Patient/Family: Both<br>Education for: Activity<br>Review Patient Activity Guidelines with patient and family , Post-op |
| [ ] Patient education- Wound/Incision Care | Routine, Once<br>Patient/Family: Both<br>Education for: Other (specify)<br>Specify: Wound/Incision Care<br>Post-op |
| [X] Patient education- Discharge | Routine, Once<br>Patient/Family: Both<br>Education for: Discharge<br>Review discharge instructions with patient and family and provide a copy to patient , Post-op |

## IV Fluids

**Maintenance IV Fluids**

| | |
|---|---|
| [ ] dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion | 100 mL/hr, intravenous, continuous, Post-op |
| [ ] lactated Ringer's infusion | 100 mL/hr, intravenous, continuous, Post-op |
| [ ] sodium chloride 0.9 % infusion | 100 mL/hr, intravenous, continuous, Post-op |
| [ ] sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion | 100 mL/hr, intravenous, continuous, Post-op |
| [ ] sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion | 100 mL/hr, intravenous, continuous, Post-op |

## Medications

**Antibiotics**

| | |
|---|---|
| [ ] piperacillin-tazobactam (ZOSYN) IV | 3.375 g, intravenous, every 6 hours, For 24 Hours, Post-op<br>Reason for Therapy: |
| [ ] vancomycin (VANCOCIN) IV | 15 mg/kg, intravenous, every 12 hours, For 24 Hours, Post-op<br>Reason for Therapy: |
| [ ] meropenem (MERREM) IV | 500 mg, intravenous, every 6 hours, For 24 Hours, Post-op<br>Reason for Therapy: |

| | |
|---|---|
| [ ] fluconazole (DIFLUCAN) IV | 200 mg, intravenous, for 60 Minutes, daily, For 7 Days, Post-op<br>Reason for Therapy: |
| [ ] metronidazole (FLAGYL) | 500 mg, intravenous, every 8 hours, For 7 Days, Post-op<br>Reason for Therapy: |
| [ ] ciprofloxacin (CIPRO) IV | 400 mg, intravenous, for 60 Minutes, every 12 hours, For 7 Days, Post-op<br>Reason for Therapy: |

**Stress Ulcer Prophylaxis (Single Response)**

| | |
|---|---|
| ( ) pantoprazole (PROTONIX) EC tablet | 40 mg, oral, daily, Post-op<br>If nasogastric tube is placed.<br>Indication(s) for Proton Pump Inhibitor (PPI) Therapy: |
| ( ) pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection | 40 mg, intravenous, daily, Post-op<br>If nasogastric tube is placed.<br>Indication(s) for Proton Pump Inhibitor (PPI) Therapy: |
| ( ) omeprazole (PRILOSEC) suspension | 20 mg, oral, daily, Post-op<br>Indication(s) for Proton Pump Inhibitor (PPI) Therapy: |

**Beta Blockers (Single Response)**

| | |
|---|---|
| ( ) labetalol (NORMODYNE) tablet | 200 mg, oral, 2 times daily at 0600, 1800, Post-op<br>HOLD parameters for this order:<br>Contact Physician if: |
| ( ) labetalol (NORMODYNE,TRANDATE) injection | intravenous, Post-op |
| ( ) metoprolol tartrate (LOPRESSOR) tablet | 25 mg, oral, 2 times daily at 0600, 1800, Starting S+1, Post-op<br>DO NOT administer if heart rate is less than 60; systolic blood pressure is less than 110; patient is on inotrope, vasopressor, has pacemaker<br>HOLD parameters for this order: Hold Parameters requested<br>HOLD for: 110 mmHg<br>HOLD for Heart Rate LESS than:<br>Contact Physician if: |
| ( ) metoprolol (LOPRESSOR) 5 mg/5 mL injection | 5 mg, intravenous, Post-op<br>HOLD parameters for this order:<br>Contact Physician if: |

**Scheduled Medications - acetaminophen (OFIRMEV) IV**

| | |
|---|---|
| [ ] acetaminophen (OFIRMEV) injection | 1,000 mg, intravenous, for 15 Minutes, once, For 1 Doses, Post-op |

**Mild Pain (Pain Score 1-3) (Single Response)**

| | |
|---|---|
| ( ) acetaminophen (TYLENOL) tablet | 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op |
| ( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet | 1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Post-op |
| ( ) traMADol (ULTRAM) tablet | 50 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op |

**Moderate Pain (Pain Score 4-6) (Single Response)**

| | |
|---|---|
| ( ) HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op |
| ( ) traMADol (ULTRAM) tablet | 100 mg, oral, every 8 hours PRN, moderate pain (score 4-6), Post-op |
| ( ) oxyCODone (ROXICODONE) immediate release tablet | 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op |

**Oral for Severe Pain (Pain Score 7-10) (Single Response)**

| | |
|---|---|
| ( ) HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op |

| | |
|---|---|
| ( ) oxyCODone (ROXICODONE) immediate release tablet | 7.5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op |

**IV for Severe Pain (Pain Score 7-10) (Single Response)**

| | |
|---|---|
| ( ) fentaNYL (SUBLIMAZE) injection | intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op |
| ( ) hydromorPHONE (DILAUDID) injection | 0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op |
| ( ) morPHINE injection | 2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op |

**PCA Medications (Single Response)**

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

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

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

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

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

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

**PCA Medications (Single Response)**

( ) morPHINE PCA 30 mg/30 mL

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

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

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

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

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

**Antiemetics**

| | |
|---|---|
| [X] ondansetron (ZOFRAN) IV or Oral | **"Or" Linked Panel** |
| [X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet | 4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op<br>Give if patient is able to tolerate oral medication. |

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

**Antiemetics - HMSL, HMWB Only**

| | |
|---|---|
| [X] ondansetron (ZOFRAN) IV or Oral | **"Or" Linked Panel** |
| [X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet | 4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op<br>Give if patient is able to tolerate oral medication. |
| [X] ondansetron (ZOFRAN) 4 mg/2 mL injection | 4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op<br>Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. |
| [X] promethazine (PHENERGAN) IV or Oral or Rectal | **"Or" Linked Panel** |
| [X] promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option | 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op<br>Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required. |
| [X] promethazine (PHENERGAN) tablet | 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op<br>Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. |
| [X] promethazine (PHENERGAN) suppository | 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op<br>Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. |

**Antiemetics - HMSTJ Only**

| | |
|---|---|
| [X] ondansetron (ZOFRAN) IV or Oral | **"Or" Linked Panel** |
| [X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet | 4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op<br>Give if patient is able to tolerate oral medication. |
| [X] ondansetron (ZOFRAN) 4 mg/2 mL injection | 4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op<br>Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. |
| [X] promethazine (PHENERGAN) IVPB or Oral or Rectal | **"Or" Linked Panel** |
| [X] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB | 12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, Post-op<br>Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required. |
| [X] promethazine (PHENERGAN) tablet | 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op<br>Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. |
| [X] promethazine (PHENERGAN) suppository | 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op<br>Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. |

**Bowel Care (Single Response)**

| | | |
|---|---|---|
| ( ) | sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet | 2 tablet, oral, nightly PRN, constipation, Post-op |
| ( ) | simethicone (MYLICON) chewable tablet | 160 mg, oral, 4 times daily PRN, flatulence, Post-op |
| ( ) | docusate sodium (COLACE) capsule | 100 mg, oral, 2 times daily PRN, constipation, Post-op |
| ( ) | magnesium hydroxide suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER | 30 mL, oral, every 12 hours PRN, constipation, Post-op<br>Do not give if patient is on hemodialysis or is in chronic renal failure. |
| ( ) | bisacodyl (DULCOLAX) EC tablet | 10 mg, oral, daily PRN, constipation, Post-op |
| ( ) | bisacodyl (DULCOLAX) suppository | 10 mg, rectal, daily PRN, constipation, Post-op |

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

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

**Itching: For Patients between 70-76 years old (Single Response)**

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

**Itching: For Patients LESS than 70 years old (Single Response)**

| | | |
|---|---|---|
| ( ) | diphenhydrAMINE (BENADRYL) tablet | 25 mg, oral, every 6 hours PRN, itching, Post-op |
| ( ) | hydrOXYzine (ATARAX) tablet | 10 mg, oral, every 6 hours PRN, itching, Post-op |
| ( ) | cetirizine (ZyrTEC) tablet | 5 mg, oral, daily PRN, itching, Post-op |
| ( ) | fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed | 60 mg, oral, 2 times daily PRN, itching, Post-op |

**Insomnia: Ramelteon For Patients GREATER than 70 years old**

| | | |
|---|---|---|
| [X] | ramelteon (ROZEREM) tablet | 8 mg, oral, nightly PRN, sleep |

**Insomnia: For Patients LESS than 70 years old (Single Response)**

| | | |
|---|---|---|
| ( ) | zolpidem (AMBIEN) tablet | 5 mg, oral, nightly PRN, sleep, Post-op |
| ( ) | ramelteon (ROZEREM) tablet | 8 mg, oral, nightly PRN, sleep, Post-op |

## VTE

**DVT Risk and Prophylaxis Tool (Single Response)**

Low Risk Definition Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:
Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Age 60 and above Severe fracture of hip, pelvis or leg
Central line Acute spinal cord injury with paresis
History of DVT or family history of VTE Multiple major traumas
Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER
Less than fully and independently ambulatory Acute ischemic stroke
Estrogen therapy History of PE
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

( ) Low Risk of DVT

[ ] Low Risk (Single Response)

| | | |
|---|---|---|
| ( ) | Low risk of VTE | Routine, Once<br>Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation<br>PACU & Post-op |

( ) Moderate Risk of DVT - Surgical

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

| | |
|---|---|
| [ ] Moderate Risk | |
| [ ] Moderate risk of VTE | Routine, Once, PACU & Post-op |
| [ ] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) | |
| ( ) Patient is currently receiving therapeutic anticoagulation | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) enoxaparin (LOVENOX) injection (Single Response) | |
| ( ) enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| ( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1<br>For Patients with CrCL LESS than 30 mL/min |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op<br>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| ( ) heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op |
| ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| ( ) Place sequential compression device and antiembolic stockings | **"And" Linked Panel** |
| [ ] Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

| | |
|---|---|
| [ ] Place antiembolic stockings | Routine, Once, PACU & Post-op |

( ) Moderate Risk of DVT - Non-Surgical

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

| | |
|---|---|
| [ ] Moderate Risk | |
| [ ] Moderate risk of VTE | Routine, Once, PACU & Post-op |
| [ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) | |
| ( ) Patient is currently receiving therapeutic anticoagulation | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:<br>PACU & Post-op |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) enoxaparin (LOVENOX) injection (Single Response) | |
| ( ) enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700 (time critical), Starting S |
| ( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 1700 (time critical), Starting S<br>For Patients with CrCL LESS than 30 mL/min |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, PACU & Post-op<br>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| ( ) heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op |
| ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| ( ) Place sequential compression device and antiembolic stockings | **"And" Linked Panel** |
| [ ] Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| [ ] Place antiembolic stockings | Routine, Once, PACU & Post-op |

( ) High Risk of DVT - Surgical

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

| | |
|---|---|
| [ ] High Risk | |
| [ ] High risk of VTE | Routine, Once, PACU & Post-op |
| [ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) | |
| ( ) Patient is currently receiving therapeutic anticoagulation | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) enoxaparin (LOVENOX) injection (Single Response) | |
| ( ) enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| ( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1<br>For Patients with CrCL LESS than 30 mL/min |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op<br>If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| ( ) heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op |
| ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| ( ) Place sequential compression device and antiembolic stockings | **"And" Linked Panel** |
| [ ] Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| [ ] Place antiembolic stockings | Routine, Once, PACU & Post-op |
| ( ) High Risk of DVT - Non-Surgical | |
| Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. | |

[ ] High Risk

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

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

| | |
|---|---|
| ( ) Patient is currently receiving therapeutic anticoagulation | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |

( ) enoxaparin (LOVENOX) injection (Single Response)

| | |
|---|---|
| ( ) enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700 (time critical), Starting S |
| ( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 1700 (time critical), Starting S<br>For Patients with CrCL LESS than 30 mL/min |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |

| | |
|---|---|
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, PACU & Post-op<br>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| ( ) heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op |
| ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |

[ ] Mechanical Prophylaxis (Single Response)

| | |
|---|---|
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| ( ) Place sequential compression device and antiembolic stockings | **"And" Linked Panel** |
| [ ] Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| [ ] Place antiembolic stockings | Routine, Once, PACU & Post-op |

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

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

[ ] High Risk

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

[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)

| | |
|---|---|
| ( ) Patient is currently receiving therapeutic anticoagulation | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) apixaban (ELIQUIS) tablet | 2.5 mg, oral, every 12 hours, Starting S+1, PACU & Post-op<br>Indications: |
| ( ) aspirin chewable tablet | 162 mg, oral, daily, Starting S+1, PACU & Post-op |
| ( ) aspirin (ECOTRIN) enteric coated tablet | 162 mg, oral, daily, Starting S+1, PACU & Post-op |
| ( ) enoxaparin (LOVENOX) injection (Single Response) | |
| ( ) enoxaparin (LOVENOX) syringe - hip arthoplasty | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| ( ) enoxaparin (LOVENOX) syringe - knee arthroplasty | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 |
| ( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty | 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1<br>For Patients with CrCL LESS than 30 mL/min. |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op<br>If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| ( ) heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op |
| ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| ( ) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission | 10 mg, oral, daily at 0600 (time critical), Starting S+1, PACU & Post-op<br>To be Given on Post Op Day 1.<br>Indications: |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |

| | |
|---|---|
| ( ) Place sequential compression device and antiembolic stockings | **"And" Linked Panel** |
| [ ] Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| [ ] Place antiembolic stockings | Routine, Once, PACU & Post-op |

**DVT Risk and Prophylaxis Tool (Single Response)**

Low Risk Definition Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:
Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Age 60 and above Severe fracture of hip, pelvis or leg
Central line Acute spinal cord injury with paresis
History of DVT or family history of VTE Multiple major traumas
Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER
Less than fully and independently ambulatory Acute ischemic stroke
Estrogen therapy History of PE
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

| | |
|---|---|
| ( ) Low Risk of DVT | |
| [ ] Low Risk (Single Response) | |
| ( ) Low risk of VTE | Routine, Once<br>Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation<br>PACU & Post-op |

( ) Moderate Risk of DVT - Surgical

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

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

| | |
|---|---|
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op<br>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| ( ) heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op |
| ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| ( ) Place sequential compression device and antiembolic stockings | **"And" Linked Panel** |
| [ ] Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| [ ] Place antiembolic stockings | Routine, Once, PACU & Post-op |

( ) Moderate Risk of DVT - Non-Surgical

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

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

| | |
|---|---|
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, PACU & Post-op<br>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| ( ) heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op |
| ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| ( ) Place sequential compression device and antiembolic stockings | **"And" Linked Panel** |
| [ ] Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| [ ] Place antiembolic stockings | Routine, Once, PACU & Post-op |

( ) High Risk of DVT - Surgical

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

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

| | |
|---|---|
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op<br>If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| ( ) heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op |
| ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| ( ) Place sequential compression device and antiembolic stockings | **"And" Linked Panel** |
| [ ] Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| [ ] Place antiembolic stockings | Routine, Once, PACU & Post-op |

( ) High Risk of DVT - Non-Surgical

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

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

| | |
|---|---|
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, PACU & Post-op<br>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| ( ) heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op |
| ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| ( ) Place sequential compression device and antiembolic stockings | **"And" Linked Panel** |
| [ ] Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| [ ] Place antiembolic stockings | Routine, Once, PACU & Post-op |

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

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

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

| | |
|---|---|
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op<br>If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| ( ) heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op |
| ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| ( ) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission | 10 mg, oral, daily at 0600 (time critical), Starting S+1, PACU & Post-op<br>To be Given on Post Op Day 1.<br>Indications: |
| ( ) warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op<br>Indication: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| ( ) Place sequential compression device and antiembolic stockings | **"And" Linked Panel** |
| [ ] Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| [ ] Place antiembolic stockings | Routine, Once, PACU & Post-op |

## Labs

**Labs Today**

| | |
|---|---|
| [ ] CBC with platelet and differential NOW AND IN 6 HOURS | Every 6 hours, Starting S with First Occurrence Include Now, Post-op |
| [ ] CBC with platelet and differential | STAT For 1 Occurrences, Post-op |
| [ ] Prothrombin time with INR | STAT For 1 Occurrences, Post-op |
| [ ] Partial thromboplastin time | STAT For 1 Occurrences, Post-op |
| [ ] Basic metabolic panel | STAT For 1 Occurrences, Post-op |
| [ ] Comprehensive metabolic panel | STAT For 1 Occurrences, Post-op |
| [ ] Magnesium level | STAT For 1 Occurrences, Post-op |
| [ ] Phosphorus level | STAT For 1 Occurrences, Post-op |
| [ ] Hepatic function panel | STAT For 1 Occurrences, Post-op |
| [ ] LDH | STAT For 1 Occurrences, Post-op |

**Labs Recurring x 3 Start POD 1**

| | |
|---|---|
| [ ] CBC with platelet and differential | AM draw repeats, Starting S+1 For 3 Days, Post-op |
| [ ] Prothrombin time with INR | AM draw repeats, Starting S+1 For 3 Days, Post-op |
| [ ] Partial thromboplastin time | AM draw repeats, Starting S+1 For 3 Days, Post-op |
| [ ] Basic metabolic panel | AM draw repeats, Starting S+1 For 3 Days, Post-op |

| | |
|---|---|
| [ ] Comprehensive metabolic panel | AM draw repeats, Starting S+1 For 3 Days, Post-op |
| [ ] Magnesium level | AM draw repeats, Starting S+1 For 3 Days, Post-op |
| [ ] Phosphorus level | AM draw repeats, Starting S+1 For 3 Days, Post-op |
| [ ] Hepatic function panel | AM draw repeats, Starting S+1 For 3 Days, Post-op |
| [ ] LDH | AM draw repeats, Starting S+1 For 3 Days, Post-op |

**Labs Every Monday x 3**

| | |
|---|---|
| [ ] C-reactive protein | Every Monday For 3 Occurrences, Post-op |
| [ ] Prealbumin level | Every Monday For 3 Occurrences, Post-op |

**Arterial Blood Gas**

| | |
|---|---|
| [ ] Arterial blood gas ONCE POD 1 | Once, Starting S+1, Post-op |

## Cardiology

## Imaging

**X-Ray**

| | |
|---|---|
| [ ] XR Chest 1 Vw Portable | Routine, 1 time imaging For 1 , Post-op |
| [ ] XR Abdomen 1 Vw Portable | Routine, 1 time imaging For 1 , Post-op |

## Other Studies

## Respiratory

**Respiratory**

| | |
|---|---|
| [X] Incentive spirometry | Routine, Every hour<br>10 times per hour, Post-op |
| [X] Encourage deep breathing and coughing | Routine, Every 2 hours, Post-op |
| [X] Oxygen therapy | Routine, Continuous<br>Device 1: Nasal Cannula<br>Rate in liters per minute: 2 Lpm<br>Rate in tenths of a liter per minute:<br>O2 %:<br>Device 2:<br>Device 3:<br>Titrate to keep O2 Sat Above: 92%<br>Indications for O2 therapy:<br>Post-op |

## Rehab

## Consults

For Physician Consult orders use sidebar

**Ancillary Consults**

| | |
|---|---|
| [ ] Consult to Case Management | Consult Reason:<br>Post-op |
| [ ] Consult to Social Work | Reason for Consult:<br>Post-op |
| [ ] Consult PT eval and treat | Special Instructions:<br>Weight Bearing Status: |
| [ ] Consult PT wound care | Special Instructions:<br>Location of Wound?<br>Post-op |
| [ ] Consult OT eval and treat | Special Instructions:<br>Weight Bearing Status: |
| [ ] Consult to Nutrition Services | Reason For Consult?<br>Purpose/Topic:<br>Post-op |

| | | |
|---|---|---|
| [ ] | Consult to Spiritual Care | Reason for consult?<br>Post-op |
| [ ] | Consult to Speech Language Pathology | Routine, Once<br>Reason for consult:<br>Post-op |
| [ ] | Consult to Wound Ostomy Care nurse | Reason for consult:<br>Reason for consult:<br>Reason for consult:<br>Reason for consult:<br>Consult for NPWT:<br>Reason for consult:<br>Post-op |
| [ ] | Consult to Respiratory Therapy | Reason for Consult?<br>Post-op |

## Additional Orders