

## General

### Admission/Transfer/Discharge

<input type="checkbox"/> Transfer patient	Level of Care: Bed request comments:
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## Nursing

### Vitals

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol On arrival and then routine
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### Activity

<input checked="" type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated
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## Nursing

<input checked="" type="checkbox"/> Telemetry	<b>"And" Linked Panel</b>
<input checked="" type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
<input checked="" type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94
<input checked="" type="checkbox"/> Bedside glucose	Routine, 4 times daily before meals and at bedtime Notify physician for blood glucose less than 70 mg/dL OR blood glucose greater than 300 mg / dL
<input checked="" type="checkbox"/> Patient to wear mask	Routine, Until discontinued, Starting S while undergoing tests in other parts of the hospital and when walking in hallway
<input checked="" type="checkbox"/> Daily weights	Routine, Daily
<input checked="" type="checkbox"/> Intake and output	Routine, Every shift
<input type="checkbox"/> Pacemaker settings	Routine, Until discontinued, Starting S Atrial Setting (MA): Ventricular Setting (MA): Sensitivity Setting (millivolts): AV Interval (milliseconds): Options: MA/Sensitivity can be adjusted to keep capture.
<input checked="" type="checkbox"/> Pacer wires attached to generator with a ventricular rate setting greater than 80 beats/min with MA (A and V) settings documented	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Backup generator and 2 batteries available at the bedside, documented in the patient record every shift.	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Change temporary pacemaker batteries every 72 hours. Document date/time/initial on generator and note battery change in patient record-if patient is pacemaker dependent.. Back up generator within reach	Routine, Until discontinued, Starting S

## Notify

<input checked="" type="checkbox"/> Notify	Routine, Until discontinued, Starting S, Transplant Cardiology Service @ 713-441-1100 when the patient arrives on floor
<input checked="" type="checkbox"/> Notify (General)	Routine, Until discontinued, Starting S, Transplant CV Surgery Service when patient arrives on floor
<input checked="" type="checkbox"/> Notify	Routine, Until discontinued, Starting S, Transplant Cardiology Service @ 713-441-1100 for blood pressure less than 90 systolic or greater than 110 diastolic
<input checked="" type="checkbox"/> Notify (General)	Routine, Until discontinued, Starting S, Transplant Cardiology Service @ 713-441-1100 for heart rate less than 80 or greater than 130 beats per minute
<input checked="" type="checkbox"/> Notify (General)	Routine, Until discontinued, Starting S, Transplant Cardiology Service @ 713-441-1100 for respiratory rate greater than 30 per minute
<input checked="" type="checkbox"/> Notify (General)	Routine, Until discontinued, Starting S, Transplant Cardiology Service @ 714-441-1100 for temperature greater than 100.5 degrees F
<input checked="" type="checkbox"/> Notify Consultants of patient transfer location	Routine, Until discontinued, Starting S, Consultants of patient's transfer location

## Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
<input type="checkbox"/> Diet - Post Transplant	Diet effective now, Starting S Diet(s): Post Transplant Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post Transplant

## IV Fluids

### IV Fluids (Single Response)

( ) sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, Post-op Replace urine output with continuous IV 0.45% sodium chloride mL per mL. Replacement fluids not to exceed a maximum of 250 mL per hour and a minimum of 75 mL per hour.
( ) sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op Replace urine output with continuous IV 0.45% sodium chloride with 75 mEq sodium bicarbonate mL per mL. Replacement fluids not to exceed a maximum of 250 mL per hour and a minimum of 75 mL per hour

## Medications

### Restricted Medications

<input checked="" type="checkbox"/> No anti-platelet agents EXcluding aspirin	STAT, Until discontinued, Starting S Reason for "No" order: Post-op
<input checked="" type="checkbox"/> No ketorolac (Toradol)	STAT, Until discontinued, Starting S Reason for "No" order: Post-op
<input checked="" type="checkbox"/> No NSAIDs EXcluding aspirin	STAT, Until discontinued, Starting S, Post-op

### Proton Pump Inhibitor (Single Response)

( ) pantoprazole (PROTONIX) 40 mg IV Push	40 mg, intravenous, daily, Post-op Administer over NO LESS than 3 minutes. Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
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( ) pantoprazole (PROTONIX) EC tablet

40 mg, oral, daily at 0600, Post-op

Do NOT Crush.

Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

### Vasodilators

[ ] hydrALAZINE (APRESOLINE) IV Push

5 mg, intravenous, every 6 hours, Post-op

For Systolic Blood Pressure GREATER than 140 mmHg

HOLD parameters for this order:

Contact Physician if:

### PRN Mild Pain (Pain Score 1-3) (Single Response)

(adjust dose for renal/liver function and age)

( ) acetaminophen (TYLENOL) tablet OR oral solution

#### "Or" Linked Panel

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

[ ] acetaminophen (TYLENOL) tablet

650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op

Maximum of 3 grams of acetaminophen per day from all sources. Give the tablet if the patient can tolerate oral medication. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] acetaminophen (TYLENOL)suspension

650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot tolerate oral tablet.

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

(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir

#### "Or" Linked Panel

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

[ ] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet

1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.

[ ] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution

12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.

( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet  
OR elixir

#### "Or" Linked Panel

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

[ ] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet

1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)

[ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution

10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)

( ) HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet  
OR elixir

#### "Or" Linked Panel

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

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

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

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir	<b>"Or" Linked Panel</b> Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
[ ] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[ ] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.
( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	<b>"Or" Linked Panel</b> Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
[ ] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)

( ) traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op (Max Daily dose not to exceed 200 mg/day). Give if patient can tolerate oral medication.
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**PRN IV for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)**

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

( ) fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
( ) morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
( ) HYDROmorphine (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed

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

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

( ) fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
( ) morphine 2 mg/mL injection	1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
( ) HYDROmorphine (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed

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

(adjust dose for renal/liver function and age)

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

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

(adjust dose for renal/liver function and age)

( ) HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
( ) HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
( ) HYDROmorphine (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
( ) morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication

( ) oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
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#### PRN IV for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)

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

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

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

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

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

#### Bowel Care

[X] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, 2 times daily, Post-op Hold for diarrhea.
[ ] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, (if with persistent constipation), Post-op
[X] polyethylene glycol (MIRALAX) packet	17 g, oral, daily PRN, constipation, Post-op
[X] docusate sodium (COLACE) capsule	100 mg, oral, daily PRN, constipation, Post-op

#### Antiemetics

[X] ondansetron (ZOFTRAN) IV or Oral	<b>"Or" Linked Panel</b>
[X] ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) Oral or IV or Rectal	<b>"Or" Linked Panel</b>
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, once, For 1 Doses
[X] promethazine (PHENERGAN) IV	12.5 mg, intravenous, for 10 Minutes, once, For 1 Doses
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, once, For 1 Doses
[ ] metoclopramide (REGLAN) injection	5 mg, intravenous, 3 times daily, Post-op Given for Gastric Motility

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

( ) diphenhydRAME (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

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

( ) cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
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**Itching: For Patients GREATER than 77 years old (Single Response)**

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

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

( ) ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
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**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 &amp; 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 &amp; 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 &amp; Post-op

**( ) Contraindications exist for pharmacologic prophylaxis**

Routine, Once

No pharmacologic VTE prophylaxis due to the following contraindication(s):

PACU &amp; Post-op

**( ) enoxaparin (LOVENOX) injection (Single Response)**

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

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

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

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

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

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

## Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

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

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

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

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

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

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

### ( ) Low Risk of DVT

#### [ ] Low Risk (Single Response)

( ) Low risk of VTE

Routine, Once

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

Will encourage early ambulation

PACU & Post-op

### ( ) Moderate Risk of DVT - Surgical

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

#### [ ] Moderate Risk

##### [ ] Moderate risk of VTE

Routine, Once, PACU & Post-op

##### [ ] Moderate Risk Pharmacological Prophylaxis - Surgical

Patient (Single Response)

( ) Patient is currently receiving therapeutic anticoagulation

Routine, Once

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.

Therapy for the following:

PACU & Post-op

( ) Contraindications exist for pharmacologic prophylaxis

Routine, Once

No pharmacologic VTE prophylaxis due to the following contraindication(s):

PACU & Post-op

( ) enoxaparin (LOVENOX) injection (Single Response)

( ) enoxaparin (LOVENOX) syringe

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

( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min

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

For Patients with CrCL LESS than 30 mL/min

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

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

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

( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

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

For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min

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

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

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

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input checked="" type="checkbox"/> Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
( ) Place sequential compression device and antiembolic stockings	<b>"And" Linked Panel</b>
<input checked="" type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input checked="" type="checkbox"/> Place antiembolic stockings	Routine, Once, PACU & Post-op
( ) High Risk of DVT - Surgical (Hip/Knee)	Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
<input checked="" type="checkbox"/> High Risk	
<input checked="" type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input checked="" type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1, PACU & Post-op Indications:
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe - hip arthroplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCl LESS than 30 mL/min - knee/hip arthroplasty	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCl LESS than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.

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

## Labs

### Laboratory Every Morning x 3 Days

[ ] CBC with platelet and differential	AM draw repeats For 3 Days
[ ] Basic metabolic panel	AM draw repeats For 3 Days
[ ] Comprehensive metabolic panel	AM draw repeats For 3 Days
[ ] Magnesium level	AM draw repeats For 3 Days
[ ] Phosphorus level	AM draw repeats For 3 Days

### Every Morning at 5:30 x 3 Days

[X] FK506 Tacrolimus level, random	AM draw repeats For 3 Days EVERY MORNING AT 5:30 AM
[ ] Cyclosporine level, random	AM draw repeats For 3 Days EVERY MORNING AT 5:30 AM
[ ] Sirolimus level, random	AM draw repeats For 3 Days EVERY MORNING AT 5:30 AM

### Laboratory Repeat Every Monday x 3

[X] Comprehensive metabolic panel	Every Monday For 3 Occurrences
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[ ] Cytomegalovirus by PCR	Every Monday For 3 Occurrences Specimen Source:
<b>Microbiology</b>	
[ ] Blood culture x 2	<b>"And" Linked Panel</b>
[ ] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
[ ] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
[ ] Respiratory pathogen panel	Once
[ ] Sputum culture	Conditional Frequency, Sputum CONDITIONAL: One activation if temperature greater than 99.9 degrees Farenheit
[ ] Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: CONDITIONAL: One activation if temperature greater than 99.9 degrees Farenheit

## Cardiology

### ECG

[ ] ECG 12 lead	Routine, Daily For 14 Days Clinical Indications: Interpreting Physician: Daily for 14 days post op
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## Imaging

### Diagnostic X-Ray

[ ] XR Chest 1 Vw Portable	Routine, 1 time imaging For 1 Occurrences Upright
[ ] XR Chest 1 Vw Portable (Daily)	Routine, Daily imaging For 14 Days Daily for 14 days post op
[ ] XR Chest 1 Vw Portable (for temp greater than 99.9)	Routine, Conditional Frequency For 3 Occurrences Conditional - One Activation - If Temperature greater than 99.9 degrees Farenheit.

## Other Studies

### Respiratory

### Rehab

### Consults

For Physician Consult orders use sidebar

### Consults

[X] Consult to PT eval and treat	Special Instructions: For ambulation and muscle strengthening Weight Bearing Status:
[ ] Consult to OT eval and treat	Special Instructions: Weight Bearing Status:

[X] Consult Cardiac Rehab Phase 1	Routine, Once Clinical Indications: Heart Transplant To start on Day *** for endurance training
[X] Consult to Nutrition Services	Reason For Consult? Other (Specify) Specify: Post Transplant Diet Education Post Transplant Diet Education
[ ] Consult to Case Management	Consult Reason: Discharge Planning
[ ] Consult to Diabetes Educator	Reason for Consult: New Onset, Self Care / Meter for new onset for blood sugar checks, insulin sliding scale and diet
[X] Consult Methodist Rehab Associates	Reason for Consult: PM&R Evaluation
[ ] Consult to Transplant Social Work	Reason for Consult? Organ Transplant: Heart Contact Heart Transplant Social Worker for Heart Transplant at 713-441-5451
[ ] Consult to Transplant Financial Services	Reason for Consult? Medication Coverage Post-Transplant Organ Transplant: Heart Contact Heart Transplant Financial Services for transplant consultation at 713-441-5451

## Additional Orders