

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: Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
() Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments: PACU & Post-op
() Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op

Admission or Observation (Single Response)

Patient has active outpatient status order on file

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

Code Status

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

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

Isolation

<input type="checkbox"/> Airborne isolation status	Details
<input type="checkbox"/> Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum, Post-op
<input type="checkbox"/> Contact isolation status	Details
<input type="checkbox"/> Droplet isolation status	Details
<input type="checkbox"/> Enteric isolation status	Details

Precautions

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

Nursing

Vital Signs

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol, Post-op
<input type="checkbox"/> Hemodynamic Monitoring	Routine, Continuous Measure: Every hour if on drips. May go to Q4 hours after off of drips, Post-op
<input type="checkbox"/> CVP monitoring	Routine, Continuous Monitor CVP continuously for VAD patients. DO NOT use CVP port for infusions. , Post-op
<input type="checkbox"/> Cardiac output monitoring	Routine, Continuous Record: Post-op

Activity

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S, Post-op
<input type="checkbox"/> Activity - Out of bed to chair for all meals daily	Routine, 3 times daily Specify: Other activity (specify) Other: Out of bed to chair for all meals daily Post-op
<input type="checkbox"/> Ambulate	Routine, 4 times daily Specify: In hallway as tolerated, with assistance if needed, Post-op
<input type="checkbox"/> Dangle at bedside	Routine, Once Within 6 hours of extubation, Post-op
<input type="checkbox"/> Out of bed	Routine, Until discontinued, Starting S Specify: Out of bed Later in day on POD 1, Post-op

Nursing

[] Daily weights	Routine, Daily, Post-op
[] Head of bed 35 degrees	Routine, Until discontinued, Starting S Head of bed: other degrees (specify) Specify: 35 Post-op
[] Chlorhexidine sage cloths	Routine, Once For patients who are unable to shower use cloths, Post-op
[] Peripheral vascular assessment	Routine, Once Assess capillary refill, color, motion, sensation, edema and leg strength, Post-op
[] Neurological assessment	Routine, Every hour Assessment to Perform: Cranial Nerves, Glasgow Coma Scale, Level of Consciousness, Level of Sedation, Pupils Post-op
[] Measure drainage	Routine, Every 6 hours Type of drain: Jackson Pratt Post-op
[] Site care	Routine, Per unit protocol Site: epicardial pacing wire site and sternal and leg incision Post-op
[X] Apply warming blanket (bair hugger)	Routine, Once To achieve body temperature of 98.6 F, Post-op
[] Foley catheter care	Routine, 2 times daily Orders: Maintain Clean with CHG cloths, Post-op
[] Nasogastric tube maintenance (to low intermittent suction)	Routine, Until discontinued, Starting S Tube Care Orders: To Low Intermittent Suction Post-op
[] Nasogastric tube maintenance (remove NGT after extubation)	Routine, Once For 1 Occurrences Tube Care Orders: Remove NGT after extubation, Post-op
[] Nasogastric tube maintenance (Irrigate with 30ml NS)	Add-On, Continuous Tube Care Orders: Irrigate with 30ml NS PRN to maintain patency, Post-op
[] Gastric tube maintenance (to low intermittent suction)	Routine, Until discontinued, Starting S Orders: to Low Intermittent Suction Post-op
[] Gastric tube maintenance (remove OGT after extubation)	Routine, Until discontinued, Starting S Drainage: Intervention: Remove OGT after extubation, Post-op
[] Chest tube to continuous suction	Routine, Until discontinued, Starting S Level of suction: 20 cm H2O Post-op
[] Tube site care (chest tube)	Routine, Per unit protocol Chest tube site care daily and prn per protocol, Post-op
[] Oral care	Routine, Every 4 hours Per CVICU protocol. When extubated change to toothbrush every 12 hours, Post-op
[] Apply ace wrap	Routine, Once Specify location: on leg where leg veins are harvested Post-op
[X] Bedside glucose (Q1 hour x 6)	Routine, Every hour For Until specified Monitor every hour for first 6 hours then change to every 4 hours if not started on an insulin drip; Notify physician for blood glucose less than 70 mg/dL OR blood glucose greater than 300 mg / dL, Post-op
[] Bedside glucose (Q2 hours x 3)	Routine, Every 2 hours Monitor every 2 hours x3 then every 4 hours; Notify physician for blood glucose less than 70 mg/dL OR blood glucose greater than 300 mg / dL, Post-op

[] Bedside glucose (Q4 hours)	Routine, Every 4 hours -Every 4 hours; Notify physician for blood glucose less than 70 mg/dL OR blood glucose greater than 300 mg / dL, Post-op
[] Pacemaker settings	Routine, Until discontinued, Starting S Atrial Setting (MA): Ventricular Setting (MA): Sensitivity Setting (millivolts): AV Interval (milliseconds): Options: Post-op
[] Intra Aortic Balloon Pump Setting	Routine, Until discontinued, Starting S Ratio: Post-op

Discontinue

[X] Discontinue arterial line	Routine, Conditional Frequency For 1 Occurrences Before transfer out of ICU; if arterial line not already discontinued, Post-op
[X] Discontinue Pulmonary Artery Catheter/Cordis	Routine, Conditional Frequency For 1 Occurrences Before transfer out of ICU; if not already discontinued. , Post-op
[X] Discontinue Cardiac Monitor	Routine, Conditional Frequency For 1 Occurrences Before transfer out of ICU; if not already discontinued. , Post-op
[X] Foley catheter - discontinue	Routine, Conditional Frequency For 1 Occurrences 1) Remove Foley cath POD 1 or POD 2; If unable to remove Foley reason for not removing MUST be documented on POD 1 or POD 2. , Post-op
[] Discontinue Pacemaker Generator and Insulate Pacer Wires	Routine, Conditional Frequency For 1 Occurrences Before transfer out of ICU; if not already discontinued. , Post-op
[] Discontinue arterial line (patient with more than 1 arterial line)	Routine, Conditional Frequency For 1 Occurrences For patients with more than one arterial line: DC femoral arterial line on POD 1. , Post-op

Notify

[] Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 102.5 Temperature less than: 95 Systolic BP greater than: 140 Systolic BP less than: 80 Diastolic BP greater than: Diastolic BP less than: MAP less than: Heart rate greater than (BPM): 110 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: SpO2 less than: 95
[] Notify Physician-For CI less than 2.2, SVR greater than 1800 or less than 600, SVO2 less than 50	Routine, Until discontinued, Starting S, For CI less than 2.2, SVR greater than 1800 or less than 600, SVO2 less than 50, Post-op
[] Notify Physician -For CVP less than 8 or greater than 15	Routine, Until discontinued, Starting S, For CVP less than 8 or greater than 15, Post-op
[] Notify Physician-For chest output greater than 200 milliliters/hour	Routine, Until discontinued, Starting S, For chest output greater than 200 milliliters/hour, Post-op
[] Notify Physician-If IABP alarm or change in neurovascular status	Routine, Until discontinued, Starting S, If IABP alarm or change in neurovascular status, Post-op
[] Notify Physician-For urine output LESS THAN 30 ml/hr x 2 consecutive hours	Routine, Until discontinued, Starting S, For urine output LESS THAN 30 ml/hr x 2 consecutive hours, Post-op

Diet

[] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Until extubated , Post-op
[] Diet - Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
[] Diet - No Carb Clear Liquid	Diet effective now, Starting S Diet(s): No Carbohydrate Clear Liquid Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
[] Diet - No Carb No Caffeine Clear Liquid	Diet effective now, Starting S Diet(s): No Carbohydrate Clear Liquid Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Caffeine,Coffee Post-op
[] Diet - Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: When extubated and patient did not have abdominal surgery. On PostOp day 2 Start giving 4 oz prune juice with 4 oz of warm water every 8 hours. Hold after first bowel movement., Post-op
[] Prune Juice or Prunes	Routine, Until discontinued, Starting S Give with breakfast daily starting post op day 2, Post-op
[] Tube feeding	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed? Post-op

IV Fluids

IV Bolus (Single Response)

() sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses, Post-op
() lactated ringers bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses, Post-op

IV Fluids (Single Response)

() sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, Post-op
() lactated Ringer's infusion	75 mL/hr, intravenous, continuous, Post-op

() dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op
() sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, Post-op
() sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op
() sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	50 mL/hr, intravenous, continuous, Post-op

Other IV Fluids

[] sodium chloride 0.9 % infusion	3 mL/hr, intravenous, continuous PRN, For cardiac output and pressure monitoring, Post-op Flush every 8 hours and PRN for catheter patency.
[] albumin human 5 % bottle	intravenous, once, Post-op Indication:
[] albumin human 25 % bottle	intravenous, at 50 mL/hr, Post-op Indication:

Medications

Other

[] Pharmacy consult to manage Heparin LOW dose protocol (ACS/Stroke/Afib) - initiation bolus and infusion withOUT titration boluses	STAT, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa
[] Pharmacy Consult to Manage Heparin STANDARD dose protocol (DVT/PE) - initiation bolus and infusion with titration boluses	STAT, Until discontinued, Starting S Heparin Indication: Specify: Give initial Bolus Monitoring: Anti-Xa
[] colchicine tablet	0.6 mg, oral, 2 times daily, For 2 Doses, Post-op For prevention of atrial fibrillation post cardiac surgery. Call provider for diarrhea.

PostOp Antibiotics: For Patients LESS than or EQUAL to 120 kg (Single Response)

(X) ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, every 8 hours, For 2 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
() If Beta-Lactam Allergic - vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Post-op Administer 12 hours after procedure Reason for Therapy: Surgical Prophylaxis

Post-Op Antibiotics: For Patients GREATER than 120 kg (Single Response)

(X) ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, every 8 hours, For 2 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
() If Beta-Lactam Allergic - vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Post-op Administer 12 hours after procedure Reason for Therapy: Surgical Prophylaxis

Inotropes

[] DOPamine (INTROPIN) infusion	2-20 mcg/kg/min, intravenous, continuous, Post-op Titrate for cardiac index GREATER than 2.2 or Mean Arterial Pressure GREATER than 60. Recommendation is to titrate with 1-10 mcg/kg/min. Notify intensivist when titration requires GREATER than 5 mcg/kg/min. Wean to off when parameters are satisfied. Discontinue in Epic when off for 4 hours.
[] EPINEPHrine (ADRENALIN) in sodium chloride 0.9 % 250 mL infusion	2-30 mcg/min, intravenous, continuous, Post-op Titrate for cardiac index GREATER than 2.2 or Mean Arterial Pressure GREATER than 60. Recommendation is to titrate with 1-10 mcg/min. Notify intensivist when titration requires greater than 5 mcg/min. Wean to off when parameters are satisfied. Discontinue in Epic when off for 4 hours.

[] DOButamine (DOBUTREX) infusion	0.5-20 mcg/kg/min, intravenous, continuous, Post-op Titrate for cardiac index GREATER than 2.2. Recommendation is to titrate with 2-10 mcg/kg/min. Notify intensivist when titration requires GREATER than 5 mcg/kg/min. Wean to off when parameters are satisfied. Discontinue in Epic when off for 4 hours.
[] milrinone (PRIMACOR) infusion	0.125-0.75 mcg/kg/min, intravenous, continuous, Post-op Titrate for cardiac index GREATER than 2.2. Recommendation is to titrate with 0.25-0.75 mcg/kg/min. Notify intensivist when titration requires GREATER than 0.5 mcg/kg/min. Wean to off when parameters are satisfied. Discontinue in Epic when off for 4 hours.

Pressors

[] vasopressin (PITRESSIN) 0.4 Units/mL in sodium chloride 0.9 % 100 mL infusion	0.02 Units/min, intravenous, continuous, Post-op Titrate for mean arterial pressure GREATER than 60. Recommendation is to titrate with 0.02 to 0.1 units/min. Notify intensivist when titration requires greater than 0.06 units/min. Wean to off when parameters are satisfied. Discontinue vasopressin order in Epic when off for 4 hours.
[] norepinephrine (LEVOPHED) infusion	2-30 mcg/min, intravenous, continuous, Post-op Titrate for Mean Arterial Pressure GREATER than 60. Recommendation is to titrate with 2 to 12 mcg/min. Notify intensivist when titration requires greater than 8 mcg/min. Wean to off when parameters are satisfied. Discontinue order in Epic when off for 4 hours.
[] phenylephrine (NEO-SYNEPHRINE) in sodium chloride 0.9 % 250 mL infusion	5-300 mcg/min, intravenous, continuous, Post-op Titrate for Mean Arterial Pressure GREATER than 60. Recommendation is to titrate with 100-180 mcg/min. Notify intensivist when titration requires GREATER than 150 mcg/min. Wean to off when parameters are satisfied. Discontinue order in Epic when off for 4 hours.

IV infusion - Antihypertensives (Single Response)

() niCARdipine (CARDENE) IV infusion	2.5-15 mg/hr, intravenous, continuous, Post-op Titrate for Mean Arterial Pressure 70-80 mmHg. Recommendation is to titrate with 5 to 15 mg/hr. Wean to off when parameters are satisfied. Discontinue order in Epic when off for 4 hours.
() diltiazem (CARDIZEM) infusion	1-15 mg/hr, intravenous, continuous, Post-op
() nitroglycerin infusion	5-200 mcg/min, intravenous, continuous, Post-op Titrate for Mean Arterial Pressure GREATER than 60. Recommendation is to titrate with 10 to 200 mcg/min. Notify intensivist when titration requires GREATER than 100 mcg/min. Wean to off when parameters are satisfied. Discontinue order in Epic when off for 4 hours.
() esmolol (BREVIBLOC) infusion	50-300 mcg/kg/min, intravenous, continuous, Post-op Titrate for Mean Arterial Pressure from 70-80 mmHg. Recommendation is to titrate with 50-300 mcg/kg/min. Notify intensivist when titration requires GREATER than 200 mcg/kg/min. Wean to off when parameters are satisfied. Discontinue order in Epic when off for 4 hours.
() labetalol infusion	2 mg/min, intravenous, continuous, Post-op [labetalol]HOLD parameters for this order: [labetalol]Contact Physician if:

Oral Antihypertensives

[] colchicine tablet	0.6 mg, oral, 2 times daily, For 2 Doses, Post-op For prevention of atrial fibrillation post cardiac surgery. Call provider for diarrhea.
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amIODarone (CORDARONE) 24-hr Infusions HARD-Stop (Single Response)

() Loading Dose and Maintenance Infusion (Single Response)

Select Standard or Double concentration

() Standard

<input type="checkbox"/> CENTRAL Line Administration: amiODarone (CORDArone) 150 mg LOADING Dose followed by STANDARD concentration 24-hour Infusion for Atrial Fibrillation- NOT HMWB	"Followed by" Linked Panel
<input type="checkbox"/> amiODarone (CORDArone) 150 mg BOLUS	150 mg, intravenous, once, Starting S, For 1 Doses, Post-op Patients should be monitored for QTc prolongation. Use 0.2 Micron Filter Tubing for administration.
<input type="checkbox"/> amiODarone 1.8 mg/mL (STANDARD concentration) infusion	1 mg/min, intravenous, continuous, Starting H+10 Minutes, For 6 Hours, Post-op
<input type="checkbox"/> REDUCE rate for amiODarone (CORDArone) 450 mg/ 250 mL NS	0.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses, Post-op Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire content of bag is infused.
<input type="checkbox"/> amiODarone 1.8 mg/mL (STANDARD concentration) infusion - 2nd bag	0.5 mg/min, intravenous, continuous, Starting H+8 Hours, For 16 Hours, Post-op Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours. Use 0.2 Micron Filter Tubing for administration.
<input type="checkbox"/> CENTRAL Line Administration: amiODarone (CORDArone) 150 mg LOADING Dose followed by STANDARD concentration 24-hour Infusion for Atrial Fibrillation-HMWB ONLY	"Followed by" Linked Panel
<input type="checkbox"/> amiODarone (CORDArone) 150 mg BOLUS	150 mg, intravenous, once, Starting S, For 1 Doses Patients should be monitored for QTc prolongation. Use 0.2 Micron Filter Tubing for administration.
<input type="checkbox"/> amiODarone 1.8 mg/mL (STANDARD concentration) infusion	1 mg/min, intravenous, continuous, Starting H+10 Minutes, For 6 Hours
<input type="checkbox"/> REDUCE rate for amiODarone (CORDArone) infusion	0.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire content of bag is infused.
<input type="checkbox"/> amiODarone 1.8 mg/mL (STANDARD concentration) infusion - 2nd bag	0.5 mg/min, intravenous, continuous, Starting H+8 Hours, For 16 Hours Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours. Use 0.2 Micron Filter Tubing for administration.

() Double

<input type="checkbox"/> CENTRAL Line Administration: amiODarone (CORDArone) 150 mg LOADING Dose followed by DOUBLE concentration 24-hour Infusion for Atrial Fibrillation	"Followed by" Linked Panel
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[] amIODarone (CORDArone) 150 mg BOLUS	150 mg, intravenous, once, Starting S, For 1 Doses, Post-op Patients should be monitored for QTc prolongation. Use 0.2 Micron Filter Tubing for administration.
[] amIODarone (CORDArone) 900 mg/ 250 mL NS	1 mg/min, intravenous, continuous, Starting H+10 Minutes, For 6 Hours, Post-op
[] REDUCE rate for amIODarone (CORDArone) 900 mg/ 250 mL infusion	0.5 mg/min, intravenous, continuous, Starting H+6 Hours, For 18 Hours, Post-op Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire content of bag is infused.

() Maintenance Infusion (Single Response)

Select Standard or Double Concentration

() Standard

[] NO LOADING DOSE - Central Line Administration: amIODarone (CORDArone) STANDARD concentration 24-hour Infusion for Atrial Fibrillation - NOT HMWB	"Followed by" Linked Panel
[] amIODarone 1.8 mg/mL (STANDARD concentration) infusion	1 mg/min, intravenous, continuous, For 6 Hours, Post-op
[] REDUCE rate for amIODarone (CORDArone) 450 mg/ 250 mL NS	0.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses, Post-op Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire content of bag is infused.
[] amIODarone 1.8 mg/mL (STANDARD concentration) infusion - 2nd bag	0.5 mg/min, intravenous, continuous, Starting H+8 Hours, For 16 Hours, Post-op Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire content of bag is infused.
[] NO LOADING DOSE - Central Line Administration: amIODarone (CORDArone) STANDARD concentration 24-hour Infusion for Atrial Fibrillation - HMWB Only	"Followed by" Linked Panel
[] amIODarone 1.8 mg/mL (STANDARD concentration) infusion	1 mg/min, intravenous, continuous, For 6 Hours
[] REDUCE rate for amIODarone (CORDArone) 360 mg/ 200 mL NS	0.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire content of bag is infused.
[] amIODarone 1.8 mg/mL (STANDARD concentration) infusion - 2nd bag	0.5 mg/min, intravenous, continuous, Starting H+8 Hours, For 16 Hours Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire content of bag is infused.

() Double (Single Response)

() NO LOADING DOSE - Central Line Administration: amIODarone (CORDArone) Double Concentration 24-hour Infusion for Atrial Fibrillation	"Followed by" Linked Panel
[] amIODarone (CORDArone) 900 mg/ 250 mL NS	1 mg/min, intravenous, continuous, For 6 Hours, Post-op Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Use 0.2 Micron Filter Tubing for administration.
[] REDUCE rate for amIODarone (CORDArone) 900 mg/ 250 mL NS	0.5 mg/min, intravenous, continuous, Starting H+6 Hours, For 18 Hours, Post-op

amIODarone (PACErone) tablet

You MUST be sure the oral tablet order is set to start TOMORROW with the start time set to 24 hours AFTER the start time of the INITIAL infusion order above.

[] amIODarone (PACERONE) tablet **** You MUST CHANGE the START DATE to TOMORROW and set the Start TIME to be 24 hours after the Start Time of the Infusion	oral, every 24 hours, Starting H+24 Hours amiodarone (Pacerone) tablets must start 24 hours after the start of the infusion order.
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CABG/VALVE

[] aspirin tablet	325 mg, oral, daily, Post-op Give WITHIN 6 hours postop.
[] aspirin suppository	300 mg, rectal, once, Starting S, For 1 Doses, Post-op Give WITHIN 6 hours postop.

Beta Blockers (Single Response)

() metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800, Starting S+1, Post-op DO NOT administer if patient is on inotrope, vasopressor, has pacemaker HOLD parameters for this order: Hold Parameters requested HOLD for: 110 mmHg HOLD for Heart Rate LESS than: Other Please specify: 60 Contact Physician if:
() carvedilol (COREG) tablet	3.125 mg, oral, 2 times daily at 0600, 1800, Starting S+1, Post-op DO NOT administer if heart rate is less than 60; systolic blood pressure is less than 110; patient is on inotrope, vasopressor, has pacemaker HOLD parameters for this order: Hold Parameters requested HOLD for: 110 mmHg HOLD for Heart Rate LESS than: Contact Physician if:

Statin Therapy (Single Response)

() simvastatin (ZOCOR) tablet	40 mg, oral, nightly, Post-op Reduce to 20 mg daily if patient is on amiodarone. Do not give with grapefruit juice.
() atorvastatin (LIPITOR) tablet	40 mg, oral, nightly, Post-op Do not give with grapefruit juice.

ACE Inhibitors (Single Response)

() captopril (CAPOTEN) tablet	25 mg, oral, 3 times daily, Post-op Consult MD before administering if urine output less than 5 mL/kg/hour and creatinine greater than 1.3. HOLD parameters for this order: Hold Parameters requested HOLD for: Other Please specify: 90 HOLD for Heart Rate LESS than: Contact Physician if:
() enalapril (VASOTEC) tablet	2.5 mg, oral, 2 times daily, Post-op Consult MD before administering if urine output less than 5 mL/kg/hr and creatinine greater than 1.3. HOLD parameters for this order: Hold Parameters requested HOLD for: Other Please specify: 90 HOLD for Heart Rate LESS than: Contact Physician if:
() lisinopril (PRINIVIL,ZESTRIL) tablet	5 mg, oral, daily, Post-op Consult MD before administering if urine output less than 5 mL/kg/hr and creatinine greater than 1.3. HOLD parameters for this order: Hold Parameters requested HOLD for: Other Please specify: 90 mmHg HOLD for Heart Rate LESS than: Contact Physician if:

Antiplatelet Agents (Single Response)

() Loading Dose Followed By Maintenance (Single Response)	
() clopidogrel (PLAVIX) 300 mg Loading Dose followed by 75 mg Maintenance Dose and aspirin EC 81 mg tablet	"Followed by" Linked Panel
<input type="checkbox"/> clopidogrel (PLAVIX) Loading and Maintenance doses	300 mg, oral, once, For 1 Doses, Post-op Loading Dose
<input type="checkbox"/> Loading Dose - clopidogrel (PLAVIX) tablet	75 mg, oral, daily, Starting S+1, Post-op Maintenance Dose
<input type="checkbox"/> Maintenance Dose - clopidogrel (PLAVIX) tablet	81 mg, oral, daily, Starting S+1, Post-op
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
() ticagrelor (BRILINTA) 180 mg Loading Dose followed by 90 mg Maintenance Dose and aspirin EC 81 mg tablet	"Followed by" Linked Panel
<input type="checkbox"/> ticagrelor (BRILINTA) Oral Loading and Maintenance Doses	180 mg, oral, once, For 1 Doses, Post-op Loading Dose
<input type="checkbox"/> Loading Dose - ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily, Starting H+12 Hours, Post-op Maintenance Dose
<input type="checkbox"/> Maintenance Dose - ticagrelor (BRILINTA) tablet	81 mg, oral, daily, Starting S+1, Post-op
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
() prasugrel (EFFIENT) 60 mg Loading Dose followed by 10 mg Maintenance Dose and aspirin EC 81 mg tablet	"Followed by" Linked Panel
<input type="checkbox"/> prasugrel (EFFIENT) Loading and Maintenance Doses	Maintenance Dose Instructions: Lower the dose to 5 mg for high risk patients (age GREATER than or EQUAL to 75 OR weight LESS than 60 kg)
<input type="checkbox"/> Loading Dose - prasugrel (EFFIENT) tablet	60 mg, oral, once, For 1 Doses, Post-op Loading Dose
<input type="checkbox"/> Maintenance Dose - prasugrel (EFFIENT) tablet	10 mg, oral, daily, Starting H+24 Hours, Post-op Maintenance Dose
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
<input type="checkbox"/> ** DO NOT REMOVE ** Pharmacy Consult to educate patient on prasugrel (EFFIENT)	
<input type="checkbox"/> Pharmacy Consult to educate patient on prasugrel (EFFIENT)	STAT, Once For 1 Occurrences Which drug do you need help dosing? prasugrel (EFFIENT)

() Maintenance Doses Only (Single Response)		
() clopidogrel (PLAVIX) 75 mg Maintenance Dose and aspirin EC 81 mg tablet - Start Tomorrow		
<input type="checkbox"/> clopidogrel (PLAVIX) tablet	75 mg, oral, daily, Starting S+1, Post-op	
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op	
() ticagrelor (BRILINTA) 90 mg Maintenance Dose and aspirin EC 81 mg tablet - Start 12 Hours from Now		
<input type="checkbox"/> ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily, Starting H+12 Hours, Post-op	
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op	
() prasugrel (EFFIENT) 10 mg Maintenance Dose and aspirin EC 81 mg tablet - Start Tomorrow		
<input type="checkbox"/> prasugrel (EFFIENT) tablet + consult	"And" Linked Panel	
<input type="checkbox"/> prasugrel (EFFIENT) tablet	10 mg, oral, daily, Starting S+1	
<input type="checkbox"/> prasugrel (EFFIENT) consult	STAT, Once For 1 Occurrences Which drug do you need help dosing? prasugrel (EFFIENT)	
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op	
() Anti-Platelet Contraindication	Routine, Until discontinued, Starting S	
	Reason for "No" order: Post-op	

Reversal Agents

<input type="checkbox"/> neostigmine methylsulfate (BLOXIVERZ) intravenous solution	5 mg, intravenous, once PRN, For 1 Doses, Post-op Leave at bedside
<input type="checkbox"/> glycopyrrolate (ROBINUL) injection	1 mg, intravenous, once PRN, To be given with neostigmine for bradycardia, For 1 Doses, Post-op Leave at bedside

Respiratory Medications

<input type="checkbox"/> Scheduled - albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, Respiratory Therapy - every 6 hours, Post-op Aerosol Delivery Device: Hand-Held Nebulizer
<input type="checkbox"/> PRN - albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 6 hours PRN, wheezing, Post-op Aerosol Delivery Device: Hand-Held Nebulizer
<input type="checkbox"/> Scheduled - ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, Respiratory Therapy - every 6 hours, Post-op Aerosol Delivery Device: Hand-Held Nebulizer
<input type="checkbox"/> PRN - ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, every 6 hours PRN, wheezing, Post-op Aerosol Delivery Device: Hand-Held Nebulizer

Moderate Pain (Single Response)

() HYDROcodone-acetaminophen (NORCO) oral OR per tube	"Or" Linked Panel
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication.
<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	10 mL, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op

Severe Pain

<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) oral OR per tube	"Or" Linked Panel
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication.
<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	20 mL, oral, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient cannot swallow tablet.

IV medications (Single Response)

() morPHINE injection	2 mg, intravenous, every 1 hour 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 2 hour PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 30 min PRN, severe pain (score 7-10), Post-op

Antiemetics

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

PUD Prophylaxis (Single Response)

() famotidine (PEPCID) injection	20 mg, intravenous, 2 times daily, Post-op
() pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily before breakfast, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

Bowel Care

[] Scheduled: polyethylene glycol (MIRALAX) packet	17 g, oral, daily, Post-op
[] As Needed: polyethylene glycol (MIRALAX) packet	17 g, oral, daily PRN, constipation, Post-op RN may use second option based on the patient response to the first option attempted.
[] Scheduled: Docusate - Oral OR Nasogastric	"Or" Linked Panel
[] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily, Post-op
[] docusate (COLACE) 50 mg/5 mL liquid	100 mg, oral, 2 times daily, Post-op
[] As Needed: Docusate - Oral OR Nasogastric	"Or" Linked Panel
[] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Post-op RN may use second option based on the patient response to the first option attempted.
[] docusate (COLACE) 50 mg/5 mL liquid	100 mg, oral, 2 times daily PRN, constipation, Post-op RN may use second option based on the patient response to the first option attempted. Use if cannot swallow capsule.
[X] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, 2 times daily PRN, constipation, Post-op AS NEEDED AFTER FIRST BM
[X] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op FOR RECTAL USE ONLY. AS NEEDED TO MAINTAIN 3 BOWEL MOVEMENTS PER WEEK. DO NOT GIVE IF DIARRHEA NOTED. Administer if patient has not had a BM in 24 hours after oral therapy

Temperature

[] Acetaminophen oral, per tube or rectal panel	"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, fever, GREATER than 100.4, Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, fever, GREATER than 100.4, 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.
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, fever, GREATER than 100.4, 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.

VTE

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

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

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

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

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

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

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

() Low Risk of DVT

[] Low Risk (Single Response)

() Low risk of VTE

Routine, Once

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

Will encourage early ambulation

PACU & Post-op

() Moderate Risk of DVT - Surgical

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

[] Moderate Risk

[] Moderate risk of VTE

Routine, Once, PACU & Post-op

[] Moderate Risk Pharmacological Prophylaxis - Surgical

Patient (Single Response)

() Patient is currently receiving therapeutic anticoagulation

Routine, Once

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

Therapy for the following:

PACU & Post-op

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

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

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

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

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

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

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

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

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

() Low Risk of DVT

[] Low Risk (Single Response)

() Low risk of VTE

Routine, Once

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

Will encourage early ambulation

PACU & Post-op

() Moderate Risk of DVT - Surgical

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

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

Labs

Labs Today

<input type="checkbox"/> Lactic acid level	Once, Post-op
<input type="checkbox"/> Basic metabolic panel	Once, Post-op
<input type="checkbox"/> CBC with platelet and differential	Once, Post-op
<input type="checkbox"/> Magnesium level	Once, Post-op
<input type="checkbox"/> Phosphorus level	Once, Post-op
<input type="checkbox"/> Calcium level	Once, Post-op
<input type="checkbox"/> Ionized calcium	Once, Post-op
<input type="checkbox"/> Prothrombin time with INR	Once, Post-op
<input type="checkbox"/> Partial thromboplastin time	Once, Post-op
<input type="checkbox"/> Platelet function P2Y12	Once, Post-op
<input type="checkbox"/> Platelet mapping	Once Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): Post-op
<input type="checkbox"/> Troponin	Once, Post-op
<input type="checkbox"/> B natriuretic peptide	Once, Post-op
<input type="checkbox"/> Anti Xa, unfractionated	Once, Post-op
<input type="checkbox"/> Fibrinogen	Once, Post-op

<input type="checkbox"/> Cortisol level, random	Once, Post-op
<input type="checkbox"/> Type and screen	Once, Post-op
<input type="checkbox"/> Blood gas, arterial	Once, Post-op

Labs Every 8 hours x 3

<input type="checkbox"/> Troponin	Now then every 8 hours For 3 Occurrences, Post-op
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DIC Panel

<input type="checkbox"/> Partial thromboplastin time	Once, Post-op
<input type="checkbox"/> Prothrombin time with INR	Once, Post-op
<input type="checkbox"/> Fibrinogen	Once, Post-op
<input type="checkbox"/> D-dimer	Once, Post-op

Labs Every AM x 3 Days

<input type="checkbox"/> CBC hemogram	AM draw repeats For 3 Occurrences, Post-op
<input type="checkbox"/> Basic metabolic panel	AM draw repeats For 3 Occurrences, Post-op
<input type="checkbox"/> Magnesium level	AM draw repeats For 3 Occurrences, Post-op
<input type="checkbox"/> Phosphorus level	AM draw repeats For 3 Occurrences, Post-op
<input type="checkbox"/> Ionized calcium	AM draw repeats For 3 Occurrences, Post-op

Cardiology

Cardiology

<input checked="" type="checkbox"/> ECG 12 lead - Once	Routine, Once Clinical Indications: Post-Op Surgery Interpreting Physician: Post operative, Post-op
<input checked="" type="checkbox"/> ECG 12 lead - Daily starting tomorrow	Routine, Daily, Starting S+1 For 3 Occurrences Clinical Indications: Post-Op Surgery Interpreting Physician: Post-op
<input type="checkbox"/> Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging, Post-op

Imaging

X-Ray

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

Ultrasound

<input type="checkbox"/> PV carotid duplex bilateral	Routine, 1 time imaging, Post-op
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Respiratory

Respiratory

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

Rehab

Cardiac Rehab Phase I for HMH HMWB

<input checked="" type="checkbox"/> Consult to Cardiac Rehab Phase 1	Routine, Once, Starting S+1 Clinical Indications: Post CV Surgery Patient's Phone Number: Post-op
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Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input checked="" type="checkbox"/> Consult to Case Management	Consult Reason: Discharge Planning Post-op
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Post-op
<input type="checkbox"/> Consult PT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound? Post-op
<input type="checkbox"/> Consult OT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic: Post-op
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? Post-op
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult: Post-op
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Post-op
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult? Post-op
<input type="checkbox"/> Consult to CV Coordinator	Reason for consult: CABG/VALVE Surgery Post-op