

**General**

**Common Present on Admission Diagnosis**

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

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

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

**Admission or Observation (Single Response)**

Patient has active outpatient status order on file

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

**Admission (Single Response)**

Patient has active status order on file

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

**Transfer (Single Response)**

Patient has active inpatient status order on file

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

**Code Status**

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

<input type="checkbox"/>	Daily weights	Routine, Daily, Post-op
<input type="checkbox"/>	Head of bed 35 degrees	Routine, Until discontinued, Starting S Head of bed: other degrees (specify) Specify: 35 Post-op
<input type="checkbox"/>	Chlorhexidine sage cloths	Routine, Once For patients who are unable to shower use cloths, Post-op
<input type="checkbox"/>	Peripheral vascular assessment	Routine, Once Assess capillary refill, color, motion, sensation, edema and leg strength, Post-op
<input type="checkbox"/>	Neurological assessment	Routine, Every hour Assessment to Perform: Cranial Nerves, Glasgow Coma Scale, Level of Consciousness, Level of Sedation, Pupils Post-op
<input type="checkbox"/>	Measure drainage	Routine, Every 6 hours Type of drain: Jackson Pratt Post-op
<input type="checkbox"/>	Site care	Routine, Per unit protocol Site: epicardial pacing wire site and sternal and leg incision Post-op
<input checked="" type="checkbox"/>	Apply warming blanket (bair hugger)	Routine, Once To achieve body temperature of 98.6 F, Post-op
<input type="checkbox"/>	Foley catheter care	Routine, 2 times daily Orders: Maintain Clean with CHG cloths, Post-op
<input type="checkbox"/>	Nasogastric tube maintenance (to low intermittent suction)	Routine, Until discontinued, Starting S Tube Care Orders: To Low Intermittent Suction Post-op
<input type="checkbox"/>	Nasogastric tube maintenance (remove NGT after extubation)	Routine, Once For 1 Occurrences Tube Care Orders: Remove NGT after extubation, Post-op
<input type="checkbox"/>	Nasogastric tube maintenance (Irrigate with 30ml NS)	Add-On, Continuous Tube Care Orders: Irrigate with 30ml NS PRN to maintain patency, Post-op
<input type="checkbox"/>	Gastric tube maintenance (to low intermittent suction)	Routine, Until discontinued, Starting S Orders: to Low Intermittent Suction Post-op
<input type="checkbox"/>	Gastric tube maintenance (remove OGT after extubation)	Routine, Until discontinued, Starting S Drainage: Intervention: Remove OGT after extubation, Post-op
<input type="checkbox"/>	Chest tube to continuous suction	Routine, Until discontinued, Starting S Level of suction: 20 cm H2O Post-op
<input type="checkbox"/>	Tube site care (chest tube)	Routine, Per unit protocol Chest tube site care daily and prn per protocol, Post-op
<input type="checkbox"/>	Oral care	Routine, Every 4 hours Per CVICU protocol. When extubated change to toothbrush every 12 hours, Post-op
<input type="checkbox"/>	Apply ace wrap	Routine, Once Specify location: on leg where leg veins are harvested Post-op
<input checked="" type="checkbox"/>	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
<input type="checkbox"/>	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

<input type="checkbox"/> 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
<input type="checkbox"/> Pacemaker settings	Routine, Until discontinued, Starting S Atrial Setting (MA): Ventricular Setting (MA): Sensitivity Setting (millivolts): AV Interval (milliseconds): Options: Post-op
<input type="checkbox"/> Intra Aortic Balloon Pump Setting	Routine, Until discontinued, Starting S Ratio: Post-op

### Discontinue

<input checked="" type="checkbox"/> Discontinue arterial line	Routine, Conditional Frequency For 1 Occurrences Before transfer out of ICU; if arterial line not already discontinued, Post-op
<input checked="" type="checkbox"/> Discontinue Pulmonary Artery Catheter/Cordis	Routine, Conditional Frequency For 1 Occurrences Before transfer out of ICU; if not already discontinued. , Post-op
<input checked="" type="checkbox"/> Discontinue Cardiac Monitor	Routine, Conditional Frequency For 1 Occurrences Before transfer out of ICU; if not already discontinued. , Post-op
<input checked="" type="checkbox"/> 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
<input type="checkbox"/> Discontinue Pacemaker Generator and Insulate Pacer Wires	Routine, Conditional Frequency For 1 Occurrences Before transfer out of ICU; if not already discontinued. , Post-op
<input type="checkbox"/> 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

<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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 Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: 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

<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	50 mL/hr, intravenous, continuous, Post-op

#### Other IV Fluids

<input type="checkbox"/> 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.
<input type="checkbox"/> albumin human 5 % bottle	intravenous, once, Post-op Indication:
<input type="checkbox"/> albumin human 25 % bottle	intravenous, at 50 mL/hr, Post-op Indication:

## Medications

#### Other

<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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)

<input checked="" type="checkbox"/> 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
<input type="checkbox"/> If Beta-Lactam Allergic - vancomycin (VANCOGIN) 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)

<input checked="" type="checkbox"/> 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
<input type="checkbox"/> If Beta-Lactam Allergic - vancomycin (VANCOGIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Post-op Administer 12 hours after procedure Reason for Therapy: Surgical Prophylaxis

#### Inotropes

<input type="checkbox"/> 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.
<input type="checkbox"/> 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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### amlODarone (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	<b>"Followed by" Linked Panel</b>
<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	<b>"Followed by" Linked Panel</b>
<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	<b>"Followed by" Linked Panel</b>
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<input type="checkbox"/> amlIODarone (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"/> amlIODarone (CORDArone) 900 mg/ 250 mL NS	1 mg/min, intravenous, continuous, Starting H+10 Minutes, For 6 Hours, Post-op
<input type="checkbox"/> REDUCE rate for amlIODarone (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 Infuson 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

<input type="checkbox"/> NO LOADING DOSE - Central Line Administration: amlIODarone (CORDArone) STANDARD concentration 24-hour Infusion for Atrial Fibrillation - NOT HMWB	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> amlIODarone 1.8 mg/mL (STANDARD concentration) infusion	1 mg/min, intravenous, continuous, For 6 Hours, Post-op
<input type="checkbox"/> REDUCE rate for amlIODarone (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 Infuson 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"/> amlIODarone 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 Infuson 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"/> NO LOADING DOSE - Central Line Administration: amlIODarone (CORDArone) STANDARD concentration 24-hour Infusion for Atrial Fibrillation - HMWB Only	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> amlIODarone 1.8 mg/mL (STANDARD concentration) infusion	1 mg/min, intravenous, continuous, For 6 Hours
<input type="checkbox"/> REDUCE rate for amlIODarone (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 Infuson 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"/> amlIODarone 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 Infuson 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  
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 (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.

### 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)

<input type="checkbox"/> 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:
<input type="checkbox"/> 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:
<input type="checkbox"/> 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)

<input type="checkbox"/> Loading Dose Followed By Maintenance (Single Response)	
<input type="checkbox"/> clopidogrel (PLAVIX) 300 mg Loading Dose followed by 75 mg Maintenance Dose and aspirin EC 81 mg tablet	
<input type="checkbox"/> clopidogrel (PLAVIX) Loading and Maintenance doses	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> Loading Dose - clopidogrel (PLAVIX) tablet	300 mg, oral, once, For 1 Doses, Post-op Loading Dose
<input type="checkbox"/> Maintenance Dose - clopidogrel (PLAVIX) tablet	75 mg, oral, daily, Starting S+1, Post-op Maintenance Dose
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
<input type="checkbox"/> ticagrelor (BRILINTA) 180 mg Loading Dose followed by 90 mg Maintenance Dose and aspirin EC 81 mg tablet	
<input type="checkbox"/> ticagrelor (BRILINTA) Oral Loading and Maintenance Doses	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> Loading Dose - ticagrelor (BRILINTA) tablet	180 mg, oral, once, For 1 Doses, Post-op Loading Dose
<input type="checkbox"/> Maintenance Dose - ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily, Starting H+12 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"/> prasugrel (EFFIENT) 60 mg Loading Dose followed by 10 mg Maintenance Dose and aspirin EC 81 mg tablet	
<input type="checkbox"/> prasugrel (EFFIENT) Loading and Maintenance Doses	<b>"Followed by" Linked Panel</b>
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)

<b>( ) Maintenance Doses Only (Single Response)</b>	
<b>( ) clopidogrel (PLAVIX) 75 mg Maintenance Dose and aspirin EC 81 mg tablet - Start Tomorrow</b>	
<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
<b>( ) ticagrelor (BRILINTA) 90 mg Maintenance Dose and aspirin EC 81 mg tablet - Start 12 Hours from Now</b>	
<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
<b>( ) prasugrel (EFFIENT) 10 mg Maintenance Dose and aspirin EC 81 mg tablet - Start Tomorrow</b>	
<input type="checkbox"/> prasugrel (EFFIENT) tablet + consult	<b>"And" Linked Panel</b>
<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
<b>( ) Anti-Platelet Contraindication</b>	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)

<b>( ) HYDROcodone-acetaminophen (NORCO) oral OR per tube</b>	
<b>"Or" Linked Panel</b>	
<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

<b>( ) HYDROcodone-acetaminophen (NORCO) oral OR per tube</b>	
<b>"Or" Linked Panel</b>	
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 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)

<input type="checkbox"/> 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
<input type="checkbox"/> HYDROmorphone (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
<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 30 min PRN, severe pain (score 7-10), Post-op

### Antiemetics

<input type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral	<b>"Or" Linked Panel</b>
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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)

<input type="checkbox"/> famotidine (PEPCID) injection	20 mg, intravenous, 2 times daily, Post-op
<input type="checkbox"/> 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

<input type="checkbox"/> Scheduled: polyethylene glycol (MIRALAX) packet	17 g, oral, daily, Post-op
<input type="checkbox"/> 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.
<input type="checkbox"/> Scheduled: Docusate - Oral OR Nasogastric	<b>"Or" Linked Panel</b>
<input type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily, Post-op
<input type="checkbox"/> docusate (COLACE) 50 mg/5 mL liquid	100 mg, oral, 2 times daily, Post-op
<input type="checkbox"/> As Needed: Docusate - Oral OR Nasogastric	<b>"Or" Linked Panel</b>
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 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

<input type="checkbox"/> Acetaminophen oral, per tube or rectal panel		<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)		
<input type="checkbox"/> 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)
<input type="checkbox"/> 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.
<input type="checkbox"/> 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

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



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

( ) 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
( ) 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

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

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<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1, PACU & Post-op To be Given on Post Op Day 1. Indications:
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

<input type="checkbox"/> Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S For Patients with CrCL LESS than 30 mL/min
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
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<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> High Risk of DVT - Surgical Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.	
<input type="checkbox"/> High Risk	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
<input type="checkbox"/> Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response)	

<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
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<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
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<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> High Risk of DVT - Non-Surgical	
Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.	
<input type="checkbox"/> High Risk	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
<input type="checkbox"/> Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response)	
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<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S For Patients with CrCL LESS than 30 mL/min

<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
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<input type="checkbox"/> High Risk	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
<input type="checkbox"/> Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
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<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight 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
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<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1, PACU & Post-op To be Given on Post Op Day 1. Indications:
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

## 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