Lung Transplant PostOp OR to ICU [2101]

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
[ ]	Other	

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
[ ] Other	

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
[ ] Other	

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
[ ]	Other	

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
[ ]	Other	

Isolation

[ ]	Airborne isolation status	
	[ ] Airborne isolation status	Details
	[ ] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum, Post-op
[ ]	Contact isolation status	Details
[ ]	Droplet isolation status	Details
[ ]	Enteric isolation status	Details
[ ]	Other	

Precautions

[ ]	Aspiration precautions	Post-op
[ ]	Fall precautions	Increased observation level needed: if (answer = Yes) Level: For: Time: Post-op

[ ]	Latex precautions	Post-op
[ ]	Seizure precautions	Increased observation level needed: if (answer = Yes) Level: For: Time: Post-op
[ ]	Other	

Nursing

Vitals

[ ]	Vital signs - T/P/R/BP	Routine, Per unit protocol, Starting S On arrival and then routine, Post-op
[ ]	Other	

Activity

[ ]	Head of bed	Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify)) Specify: Post-op
[ ]	Strict bed rest	Routine, Until discontinued, Starting S For 24 Hours For 24 hours PostOp, Post-op

[ ]	Up in chair	Routine, Until discontinued, Starting S+1
		Specify: Up in chair
		if (answer = Up in chair)
		Additional modifier:
		if (answer = Other activity (specify))
		Other:
		Additional modifier:
		Starting 24 hours post-operative., Post-op

[ ]	Other	

Nursing

[ ]	Insert feeding tube	Routine, Once For 1 Occurrences Insert Dobhoff tube, Post-op
[ ]	Strict intake and output	Routine, Every 8 hours Per floor protocol, Post-op
[ ]	Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain,to gravity Post-op
[ ]	Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders: To Low Intermittent Suction Remove after extubation, Post-op

[ ]	Orogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders: To Low Intermittent Suction Remove after extubation, Post-op
[ ]	Apply warming blanket	Routine, As needed As needed to raise body temperature to 98.6 Fahrenheit, Post-op
[ ]	Reinforce dressing	Routine, As needed Reinforce with: Reinforce dressing as needed., Post-op
[ ]	Hemodynamic Monitoring	Routine, Every hour Measure: Other if (answer = Other) Other: Other: Swan Ganz to monitor, Recalibrate SV02 every morning. Record SV02 every 1 hour. DO NOT WEDGE SWAN. Post-op
[ ]	Chest tube to continuous suction	Routine, Until discontinued, Starting S Level of suction: 20 cm H2O Chest tube to 20 centimeter water pressure., Post-op
[ ]	Neurological assessment	Routine, Daily Assessment to Perform: if (answer = Spinal exams) Perform: Area: Post-op
[ ]	Hold sedation every morning coordinated with CV intensivist to assess neurological status	Routine, Until discontinued, Starting S, Post-op
[ ]	All blood products must be irradiated and leukocyte reduced	Routine, Until discontinued, Starting S, Post-op
[ ]	Blood products must be CMV negative if donor and recipients are CMV negative	Routine, Until discontinued, Starting S, Post-op
[ ]	Other	

Notify Physician

[ ]	Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100.1 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: 110 Diastolic BP less than: 40 MAP less than: 60 Heart rate greater than (BPM): 120 Heart rate less than (BPM): 50 Respiratory rate greater than: 25 Respiratory rate less than: 8 SpO2 less than: 88
[ ]	Notify CV Intensivist for critical labs, vomiting, GI bleed, cardiac arrhythmias, chest pain	Routine, Until discontinued, Starting S, Post-op

[ ]	CV Intensivist if chest tube drainage greater than 100 millimeters in 2 hours.	Routine, Until discontinued, Starting S, Post-op
[ ]	Other	

Diet

[ ]	NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: if (answer = Other) Specify: Post-op
[ ]	Other	

IV Fluids

IV Fluids (Single Response)

( )	sodium chloride 0.9 % bolus	500 mL, intravenous, for 30 Minutes, once, For 1 Doses, Post-op
( )	sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, Post-op
( )	sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, Post-op
( )	dextrose 5%-0.45% sodium chloride infusion	75 mL/hr, intravenous, continuous, Post-op
( )	dextrose 5%-0.9% sodium chloride infusion	75 mL/hr, intravenous, continuous, Post-op
( )	sodium chloride 0.9 % with potassium chloride 20 mEq/L 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
( )	dextrose 5 % and sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, at 100 mL/hr, continuous, Post-op
( )	sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op
[ ]	Other	

Medications

Pharmacy Consult

[ ]	Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S Adjust dose for:
[ ]	Other	

Restricted Medications

[ ]	No ketorolac (Toradol)	STAT, Until discontinued, Starting S Reason for "No" order: Status Post Lung Transplant Post-op
[ ]	No NSAIDs EXcluding aspirin	STAT, Until discontinued, Starting S Reason for "No" order: Post-op
[ ]	Other	

Induction Therapy

[ ]	basiliximab (SIMULECT) IVPB - POD #4	20 mg, intravenous, for 30 Minutes, once, S+4 at 11:00 AM, For 1 Doses, Post-op Administer on POD #4
[ ]	Other	

Immunosuppressants

[ ]	Immunosuppression Therapy: Option 1 - methylPREDNISolone and predniSONE	**"Followed by" Linked Panel**
[ ]	methylPREDNISolone (Solu-MEDROL) IV Push - POD #1 and 2	2 mg/kg, intravenous, daily, Starting S+1, For 2 Doses, Post-op
[ ]	methylPREDNISolone (Solu-MEDROL) IV Push - POD #3 and 4	1.5 mg/kg, intravenous, daily, Starting S+3, For 2 Doses, Post-op
[ ]	methylPREDNISolone (Solu-MEDROL) IV Push - POD #5 and 6	1 mg/kg, intravenous, daily, Starting S+5, For 2 Doses, Post-op
[ ]	predniSONE (DELTASONE) tablet - POD #7 and 8	40 mg, oral, daily, Starting S+7, For 2 Doses, Post-op
[ ]	predniSONE (DELTASONE) tablet - POD #9 and 10	20 mg, oral, daily, Starting S+9, For 2 Doses, Post-op
[ ]	predniSONE (DELTASONE) tablet - POD #11	10 mg, oral, daily, Starting S+11, Post-op
[ ]	Immunosuppression Therapy: Option 2 - mycophenolate IVPB	
[ ]	Immunosuppression Therapy: Option 3 - mycophenolate (CELLCEPT) IVPB	1,000 mg, intravenous, for 2 Hours, 2 times daily, Starting S, Post-op
[ ]	Immunosuppression Therapy: Option 3 - tacrolimus NG Tube or Oral and cyclosporine NG Tube or Oral (Single Response)	
( )	tacrolimus (PROGRAF) 0.5 mg/ml oral suspension - POD #1	Nasogastric, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, Post-op Clamp Nasogastric tube times 1 hour.
( )	tacrolimus (PROGRAF) capsule - POD #1	sublingual, 2 times daily at 0600, 1800, Starting S+1, Post-op Open the capsule and put the contents under the tongue.
( )	cycloSPORINE (NEORAL) solution - POD #1	Nasogastric, 2 times daily at 0600, 1800, Starting S+1, Post-op Clamp Nasogastric tube times 1 hour.
( )	cycloSPORINE (NEORAL) capsule - POD #1	oral, 2 times daily at 0600, 1800, Starting S+1, Post-op
[ ]	Other	

Pneumocystis Prophylaxis

[ ]	sulfamethoxazole-trimethoprim (BACTRIM DS) Options (Single Response)	

( )	sulfamethoxazole-trimethoprim (BACTRIM DS) 800-160 mg tablet	1 tablet, oral, user specified, Starting S+5, Post-op
		Give on PostOp Day 5.
		Type of Therapy: New Anti-Infective Order
		if (answer = New Anti-Infective Order)
		Reason for Therapy:
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Suspected)
		Indication:
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Documented)
		Indication:
		if (answer = Other)

	Specify:
	Reason for Therapy: Surgical Prophylaxis
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

( ) sulfamethoxazole-trimethoprim (BACTRIM) 200-40 mg/5 mL suspension	20 mL, Nasogastric, user specified, Starting S+5, Post-op
	Give on PostOp Day 5.
	Type of Therapy: New Anti-Infective Order
	if (answer = New Anti-Infective Order)
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
	Reason for Therapy: Surgical Prophylaxis
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

[ ] atovaquone (MEPRON) suspension - If Known or Suspected Sulfa Allergy - POD #5	750 mg, Nasogastric, 2 times daily, Starting S+5 If Known or Suspected Sulfa Allergy
[ ] Other	

Antivirals (Single Response)

( ) valGANciclovir (VALCYTE) 50 mg/mL oral solution	450 mg, oral, 2 times daily, Post-op
	Type of Therapy: New Anti-Infective Order
	if (answer = New Anti-Infective Order)
	Reason for Therapy:
	if (answer = Other)

	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
	Reason for Therapy: Medical Prophylaxis
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

( ) ganciclovir (CYTOVENE) IVPB - POD #0	5 mg/kg, intravenous, daily, Starting S, Post-op
	Type of Therapy: New Anti-Infective Order
	if (answer = New Anti-Infective Order)
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
	Reason for Therapy: Medical Prophylaxis
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

( ) acyclovir (ZOVIRAX) IV	5 mg/kg, intravenous, every 8 hours, Post-op Type of Therapy: New Anti-Infective Order if (answer = New Anti-Infective Order)

	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
	Reason for Therapy: Medical Prophylaxis
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

( ) acyclovir (ZOVIRAX)	200 mg, oral, 2 times daily, Post-op
	Type of Therapy: New Anti-Infective Order
	if (answer = New Anti-Infective Order)
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
	Reason for Therapy: Medical Prophylaxis
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

[ ] Other	

Antifungal

[ ]	nystatin (MYCOSTATIN) 100,000 unit/mL suspension	5 mL, oral, 4 times daily, Post-op
		Paint mouth with swab while intubated. Once extubated, convert to swish and swallow.
		Type of Therapy: New Anti-Infective Order
		if (answer = New Anti-Infective Order)
		Reason for Therapy:
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Suspected)
		Indication:
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Documented)
		Indication:
		if (answer = Other)
		Specify:
		Reason for Therapy: Surgical Prophylaxis
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Suspected)
		Indication:
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Documented)
		Indication:
		if (answer = Other)
		Specify:

[ ]	voriconazole (VFEND) tablet - POD #1	200 mg, oral, 2 times daily, Starting S+1, Post-op
		Crush tablet to make suspension if patient is unable to swallow.
		Type of Therapy: New Anti-Infective Order
		if (answer = New Anti-Infective Order)
		Reason for Therapy:
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Suspected)
		Indication:
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Documented)
		Indication:
		if (answer = Other)
		Specify:
		Reason for Therapy: Surgical Prophylaxis
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Suspected)

		Indication:
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Documented)
		Indication:
		if (answer = Other)
		Specify:

[ ]	micafungin (MYCAMINE) IVPB	100 mg, intravenous, for 1 Hours, every 24 hours, For 2 Doses, Post-op
		RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), and Hematology/Oncology (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or ordering on behalf of one?
		YES, I am an approved provider
		if (answer = I am ordering on behalf of an approved provider)
		Name of Approved Provider:
		if (answer = NO)
		HM Policy Alert:
		if (answer = Formulary policy override (pharmacist use only))
		Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:
		Type of Therapy: New Anti-Infective Order
		if (answer = New Anti-Infective Order)
		Reason for Therapy:
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Suspected)
		Indication:
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Documented)
		Indication:
		if (answer = Other)
		Specify:
		Reason for Therapy: Surgical Prophylaxis
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Suspected)
		Indication:
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Documented)
		Indication:
		if (answer = Other)
		Specify:

[ ]	ipratropium (ATROVENT) 0.02 % nebulizer solution FOLLOWED BY amphotericin B liposome (AMBISOME) 50 mg inhalation suspension	**"Followed by" Linked Panel**

[ ]	ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, Respiratory Therapy - every 4 hours, For 7 Days, Post-op Aerosol Delivery Device: if (answer = Intrapulmonary Percussive Ventilation (Meta-Neb Device)) Meta-Neb Indications:

[ ]	amphotericin B liposome (AMBISOME) 50 mg in water for injection, sterile (PF) 6.25 mL inhalation suspension	50 mg, inhalation, Respiratory Therapy - Daily, Post-op
		RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), and Hematology/Oncology (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or ordering on behalf of one?
		if (answer = I am ordering on behalf of an approved provider)
		Name of Approved Provider:
		if (answer = NO)
		HM Policy Alert:
		if (answer = Formulary policy override (pharmacist use only))
		Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:
		[amphotericin B liposome]Reason for Therapy:
		if (answer = Other)
		Specify:
		if (answer = Fungal Infection Documented)
		Indication:
		if (answer = Other)
		Specify:
		Authorizing ID:
		if (answer = Other)
		Specify:
		if (answer = Fungal Infection Suspected)
		Indication:
		if (answer = Other)
		Specify:
		Authorizing ID:
		if (answer = Other)
		Specify:

[ ]	Other	

PostOperative Antibiotics - Gram Positive coverage (Single Response)

( ) Gram Positive Coverage Antibiotics (Single Response)

( )	vancomycin (VANCOCIN) IV - Administer 1 hour PRIOR to skin incision.	15 mg/kg, intravenous, every 12 hours, For 7 Days, Post-op
		Administer 1 hour PRIOR to skin incision.
		Reason for Therapy: Surgical Prophylaxis
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Suspected)
		Indication:
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Documented)
		Indication:
		if (answer = Other)
		Specify:

( )	linezolid in dextrose 5% (ZYVOX) IVPB - For Known/Suspected Allergies or Suspected Drug-Resistant Organism to Vancomycin	600 mg, intravenous, for 60 Minutes, every 12 hours, For 7 Days, Post-op
		Reason for Therapy: Surgical Prophylaxis
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Suspected)
		Indication:
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Documented)
		Indication:
		if (answer = Other)
		Specify:

[ ] Other

PostOperative Antibiotics - Gram Negative coverage (Single Response)

( ) Gram Negative Coverage Antibiotics (Single Response)

Select ONE of the following:

( )	piperacillin-tazobactam (ZOSYN) IV	3.375 g, intravenous, every 6 hours, For 7 Days, Post-op
		Reason for Therapy: Surgical Prophylaxis
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Suspected)
		Indication:
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Documented)
		Indication:
		if (answer = Other)
		Specify:

( )	ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours, For 7 Days, Post-op
		Reason for Therapy: Surgical Prophylaxis
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Suspected)
		Indication:
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Documented)
		Indication:
		if (answer = Other)
		Specify:

( )	meropenem (MERREM) IV	500 mg, intravenous, every 6 hours, For 7 Days, Post-op
		Reason for Therapy: Surgical Prophylaxis
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Suspected)
		Indication:
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Documented)
		Indication:
		if (answer = Other)
		Specify:

( )	aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours, For 7 Days, Post-op
		For Known or Suspected Penicillin Allergy
		Reason for Therapy: Surgical Prophylaxis
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Suspected)
		Indication:
		if (answer = Other)
		Specify:
		if (answer = Bacterial Infection Documented)
		Indication:
		if (answer = Other)
		Specify:

[ ]	Other	

Stress Ulcer Prophylaxis (Single Response)

( )	pantoprazole (PROTONIX) injection	40 mg, intravenous, daily at 0600, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy: if (answer = Other (Specify)) Specify:
( )	famotidine (PEPCID) injection	20 mg, intravenous, 2 times daily, Post-op
[ ]	Other	

PRN Mild Pain (Pain Score 1-3) (Single Response)
(adjust dose for renal/liver function and age)

( )	acetaminophen (TYLENOL) tablet OR oral solution	**"Or" Linked Panel**
	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ]	acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Maximum of 3 grams of acetaminophen per day from all sources. Give the tablet if the patient can tolerate oral medication. (Cirrhosis patients maximum: 2 grams per day from all sources)
[ ]	acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot tolerate oral tablet.
[ ]	Other	

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

( )	acetaminophen-codeine (TYLENOL #3) tablet OR elixir	**"Or" Linked Panel**
	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ]	acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[ ]	acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.
( )	HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**
	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ]	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[ ]	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
( )	HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**
	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ]	HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[ ]	HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.

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

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

( )	acetaminophen-codeine (TYLENOL #3) tablet OR elixir	**"Or" Linked Panel**
	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ]	acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[ ]	acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.
( )	HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**
	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ]	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[ ]	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
( )	traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op (Max Daily dose not to exceed 200 mg/day). Give if patient can tolerate oral medication.
[ ]	Other	

PRN IV for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)
If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.
(adjust dose for renal/liver function and age)

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

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

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

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

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

(adjust dose for renal/liver function and age)

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

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

(adjust dose for renal/liver function and age)

( )	HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
( )	HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
( )	HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
( )	morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
( )	oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
[ ]	Other	

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

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

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

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

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

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

Bowel Care

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

Antiemetics - HMH, HMSJ, HMW, HMSTC Only

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

[ ] Other

Antiemetics - HMSTJ Only

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

[ ] Other

Antiemetics - HMSL, HMWB Only

[ ]	ondansetron (ZOFRAN) IV or Oral	**"Or" Linked Panel**
[ ]	ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[ ]	ondansetron (ZOFRAN) 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 in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ]	promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) 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 (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

[ ]	Other	

Respiratory Medications

[ ]	albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, Respiratory Therapy - every 4 hours, For 7 Days, Post-op Aerosol Delivery Device: if (answer = Intrapulmonary Percussive Ventilation (Meta-Neb Device)) Meta-Neb Indications:
[ ]	ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, Respiratory Therapy - every 4 hours, For 7 Days, Post-op Aerosol Delivery Device: if (answer = Intrapulmonary Percussive Ventilation (Meta-Neb Device)) Meta-Neb Indications:
[ ]	acetylcysteine 200 mg/mL (20 %) inhalation dose	400 mg, nebulization, Respiratory Therapy - every 12 hours, For 7 Days, Post-op Aerosol Delivery Device: Intrapulmonary Percussive Ventilation (Meta-Neb Device) if (answer = Intrapulmonary Percussive Ventilation (Meta-Neb Device)) Meta-Neb Indications: Meta-Neb Indications: Inadequate Secretion Clearance
[ ]	Other	

Other Medications

[ ]	aspirin (ECOTRIN) enteric coated tablet - POD #5	81 mg, oral, daily, Starting S+5, Post-op
[ ]	magnesium oxide (MAG-OX) tablet - POD #5	400 mg, oral, 2 times daily, Starting S+5, Post-op
[ ]	multivitamin with minerals tablet - POD #5	1 tablet, oral, daily, Starting S+5, Post-op
[ ]	calcium carbonate-vitamin D3 500 mg-200 unit per tablet - POD #5	1 tablet, oral, 2 times daily, Starting S+5, Post-op
[ ]	ergocalciferol (VITAMIN D2) capsule - POD #5	50,000 Units, oral, weekly, Starting S+5, Post-op
[ ]	Other	

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

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

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

( )	cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
[ ]	Other	

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

( )	cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
[ ]	Other	

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

( )	ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
[ ]	Other	

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

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

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 encourgae 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: if (answer = Other) Other anticoagulant therapy: 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:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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: if (answer = Other) Other anticoagulant therapy: 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:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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: if (answer = Other) Other anticoagulant therapy: 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:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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: if (answer = Other) Other anticoagulant therapy: 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:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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	Routine, Once, PACU & Post-op
[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	

( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: 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: if (answer = Other (Please specify)) Specify Other Indication:
( ) 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: if (answer = Other (Please specify)) Specify Other Indication:

( ) warfarin (COUMADIN) tablet — oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op
Indication:
if (answer = Other (Specify indication & Target INR))
Specify indication & Target INR (free text):
if (answer = LVAD (Specify Target INR))
Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN) — STAT, Until discontinued, Starting S
Indication:
if (answer = Other (Specify indication & Target INR))
Specify indication & Target INR (free text):
if (answer = LVAD (Specify Target INR))
Target INR:

[ ] 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

[ ] Other

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 encourgae 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: if (answer = Other) Other anticoagulant therapy: 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:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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: if (answer = Other) Other anticoagulant therapy: 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:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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: if (answer = Other) Other anticoagulant therapy: 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:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
		Target INR:

( )	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
		Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
		Target INR:

[ ]	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: if (answer = Other) Other anticoagulant therapy: 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:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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	Routine, Once, PACU & Post-op

[ ]	High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
( )	Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: 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: if (answer = Other (Please specify)) Specify Other Indication:
( )	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: if (answer = Other (Please specify)) Specify Other Indication:

( )	warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op
		Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
		Target INR:

( )	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
		Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
		Target INR:

[ ]	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
[ ]	Other	

Labs

Laboratory STAT Upon Arrival

[ ]	Lactic acid level	STAT For 1 Occurrences, Post-op
[ ]	CBC with platelet and differential	STAT For 1 Occurrences, Post-op
[ ]	Comprehensive metabolic panel	STAT For 1 Occurrences, Post-op
[ ]	Ionized calcium	STAT For 1 Occurrences, Post-op
[ ]	Magnesium level	STAT For 1 Occurrences, Post-op
[ ]	Phosphorus level	STAT For 1 Occurrences, Post-op
[ ]	LDH	STAT For 1 Occurrences, Post-op
[ ]	Vitamin D 25 hydroxy level	Once For 1 Occurrences, Post-op
[ ]	Other	

Labs every 6 hours x 3

[ ]	Hemoglobin and hematocrit	Every 6 hours For 3 Occurrences 6 hours after Arrival, Post-op
[ ]	Basic metabolic panel	Every 6 hours For 3 Occurrences 6 hours after Arrival, Post-op
[ ]	Other	

Troponin x 3

[ ]	Troponin	Every 8 hours For 3 Occurrences
[ ]	Other	

Laboratory Every Morning x 3 days

[ ]	CBC with platelet and differential	AM draw repeats For 7 Days, Post-op
[ ]	Comprehensive metabolic panel	AM draw repeats For 3 Days, Post-op
[ ]	Magnesium level	AM draw repeats For 7 Days, Post-op
[ ]	Phosphorus level	AM draw repeats For 7 Days, Post-op
[ ]	Ionized calcium	AM draw repeats For 3 Days, Post-op
[ ]	LDH	AM draw repeats For 3 Days, Post-op
[ ]	Other	

Immunosupression Levels

[ ]	FK506 Tacrolimus level, trough	AM draw repeats, Starting S+1 For 7 Days, Post-op
[ ]	Other	

Post Transplant Labs Mondays x 3

[ ]	Cytomegalovirus by PCR	Every Monday For 3 Occurrences Specimen Source: Post-op
[ ]	Other	

Arterial Blood Gas

[ ]	Arterial blood gas	STAT For 1 Occurrences, Post-op
[ ]	Arterial blood gas	Every 6 hours For 3 Occurrences Every 6 hours x 3, Post-op
[ ]	Arterial blood gas	AM draw repeats For 3 Days, Post-op
[ ]	Other	

Microbiology

[ ]	Blood culture x 2	**"And" Linked Panel**
[ ]	Blood Culture (Aerobic & Anaerobic)	Once, Starting S For 1 Occurrences, Blood Upon arrival to the unit Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used., Post-op

[ ]	Blood Culture (Aerobic & Anaerobic)	Once For 1 Occurrences, Blood Upon arrival to the unit. Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used., Post-op
[ ]	Blood culture x 2	**"And" Linked Panel**
[ ]	Blood Culture (Aerobic & Anaerobic)	Conditional Frequency, Blood One activation if temperature greater than 99.9 Fahrenheit. Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used., Post-op
[ ]	Blood Culture (Aerobic & Anaerobic)	Conditional Frequency, Blood One activation if temperature greater than 99.9 Fahrenheit. Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used., Post-op
[ ]	Urinalysis screen and microscopy, with reflex to culture	Conditional Frequency Specimen Source: Urine Specimen Site: One activation if temperature greater than 99.9 Fahrenheit., Post-op
[ ]	Other	

Cardiology

Cardiology

[ ]	ECG 12 lead	STAT, Once For 1 Occurrences Clinical Indications: Post-Op Surgery if (answer = Other:) Other: Interpreting Physician: STAT upon arrival to unit, Post-op
[ ]	ECG 12 lead	Routine, Daily, Starting S+1 For 3 Days Clinical Indications: Post-Op Surgery if (answer = Other:) Other: Interpreting Physician: Every morning times 3 days, Post-op
[ ]	Other	

Imaging

X-Ray

[ ]	XR Chest 1 Vw Portable	STAT, 1 time imaging For 1 Occurrences STAT upon arrival to unit., Post-op
[ ]	XR Chest 1 Vw Portable	Routine, Daily imaging, Starting S+1 For 7 Days AM Every morning x 7 days, Post-op
[ ]	XR Chest 1 Vw Portable	STAT, Conditional Frequency For 1 Unlimited activations if temperature greater than 99.9 degrees Fahrenheit., Post-op
[ ]	Other	

Respiratory

Respiratory Therapy

[ ]	Suctioning	Routine, Every 4 hours Route: Endotracheal if (answer = Other (Specify)) Specify: Bag and suction with coude catheter only. Do not suction if PEEP is more than 10, unless absolutely necessary, Post-op
[ ]	Incentive spirometry	Routine, Every hour Start when extubated., Post-op
[ ]	Encourage deep breathing and coughing	Routine, Every 2 hours Start when extubated., Post-op
[ ]	Other	

Consults

For Physician Consult orders use sidebar

Consults

[ ]	Consult Diabetes/Endocrinology	Reason for Consult?
		Patient/Clinical information communicated?
		if (answer = Answering service)
		Additional information:
		Patient/clinical information communicated?
		if (answer = Consultant not contacted)
		Will you contact the consultant?
		if (answer = Answering service notified)
		Additional information:

[ ]	Consult to PT eval and treat	Special Instructions: Weight Bearing Status:
[ ]	Consult to OT eval and treat	Special Instructions: Weight Bearing Status:

[ ]	Consult to Nutrition Services	Reason For Consult? Other (Specify) if (answer = Other (Specify)) Specify: Specify: Post Transplant Diet Education Post-op, Registered Dietitian
[ ]	Consult Methodist Rehab Associates	Reason for Consult: PM&R Evaluation if (answer = Other) Specify: Post-op

[ ]	Consult to Case Management	Consult Reason: Other specify
		if (answer = Other specify)
		Specify:
		if (answer = Home Health)
		Face-to-Face Date:
		Reasons for Home Health Care:
		Home Health Services:
		if (answer = Skilled Nursing Evaluation & Treatment)
		Times per week:
		For:
		Days/Week/Weeks:
		if (answer = Physical Therapy Evaluation & Treatment)
		(PT) Times per week:
		For:
		Days/Week/Weeks:
		if (answer = Occupational Therapy Evaluation & Treatment)
		Times per week:
		For:
		Days/Week/Weeks:
		if (answer = Speech Language Pathology Evaluation & Treatment)
		Times per week:
		For:
		Days/Week/Weeks:
		if (answer = Social Worker)
		Times per week:
		For:
		Days/Week/Weeks:
		if (answer = Home Health Aide)
		Times per week:
		For:
		Days/Week/Weeks:
		if (answer = Home Infusion)
		IV infusion needs:
		if (answer = Labs)
		IV Infusion Labs:
		Every:
		Lab results called to:
		if (answer = IV Fluids)
		Solution:

How often:
Start date:
Stop date:
if (answer = Antibiotics)
Antibiotic(s), please list:
Start date:
Stop date:
if (answer = Nutritional Supplies)
Nutritional DME:
if (answer = Bolus feeding)
Rate:
Formula:
if (answer = Continuous feeding)
Rate:
Formula:
if (answer = Home Wound Care)
Wound care questions:
if (answer = Dressing Instructions)
How often:
Clean with:
Cover with:
Duration:
if (answer = Pleurx)
PleurX choices:
Change every:
PleurX Duration:
if (answer = Wound vac)
Change how often:
Pressure (mmHg):
Therapy Settings:
if (answer = Other)
Specify:
if (answer = Dynamic Pressure Control)
DCP Ratio:
Intensity:
Foam Type:
Type of Wound:
if (answer = Other)
Specify:
if (answer = Ostomy supplies)
Special ostomy supplies:
Clinical Findings:
if (answer = Other:)
Other Clinical Findings:
Homebound Status:
if (answer = Other:)
Other Homebound Status:
if (answer = Leaving home is medically contraindicated due to)
Contraindication:

Special Instructions:
Resume home health services with previous home health agency prior to the hospital admission:
Face to Face Cert Statement:
if (answer = DME)
DME Diagnosis:
Type of DME:
if (answer = Mobility Aids)
MOBILITY AIDS: Per Payer requirements; only ONE Mobility Aid may be chosen from this list:
if (answer = Walkers (With 5 inch Wheels))
Walkers (With 5 inch wheels):
if (answer = Walkers (Without Wheels))
Walkers (Without Wheels):
if (answer = Wheelchair)
Wheelchair:
if (answer = Canes)
Canes:
if (answer = Crutches)
Crutches:
if (answer = 3 in 1 Bedside Commode)
3-in-1 Bedside Commode:
if (answer = Respiratory Equipment)
Oxygen:
if (answer = O2 Portable Gas)
Continuous or PRN Oxygen:
O2 Duration:
O2 Sat on Room Air, at Rest %:
O2 Sat on Room Air, During Exertion %:
O2 Sat on Oxygen with Exertion % demonstrates improvement (above 88%):
O2 Device:
O2 Flowrate (L/Min) Setting:
INDICATIONS for Ordering Oxygen: Must enter Lung Disease or Hypoxia Related Symptoms:
if (answer = Lung Disease Diagnosis)
INDICATIONS for Ordering Oxygen: Must enter Lung Disease Diagnosis or Hypoxia Related Symptoms - Lung Disease Diagnosis:
if (answer = Hypoxia Related Symptoms)
Hypoxia Related Symptoms:
if (answer = Nebulizer)
Nebulizer Med:
if (answer = Albuterol)
Albuterol dose:
if (answer = Xopenex)
Xopenex dose:
if (answer = Mucomyst)
Mucomyst dose:
if (answer = Atrovent)

Atrovent dose:
INDICATIONS for Ordering Nebulizer: Must enter Lung Disease or Hypoxia Related Symptoms:
if (answer = Lung Disease Diagnosis)
INDICATIONS for Ordering Nebulizer: Must enter Lung Disease Diagnosis or Hypoxia Related Symptoms - Lung Disease Diagnosis:
if (answer = Hypoxia Related Symptoms)
Hypoxia Related Symptoms:
if (answer = Trach supplies)
Type:
Size of tube:
if (answer = Home ventilator)
Home ventilator settings:
if (answer = CPAP)
Pressure:
if (answer = BIPAP)
IPAP:
EPAP:
if (answer = O2 Bleed in Rate)
Liter flow:
if (answer = Portable O2 Generator)
Continuous or PRN Oxygen:
O2 Duration:
O2 Sat on Room Air, at Rest %:
O2 Sat on Room Air, During Exertion %:
O2 Sat on Oxygen with Exertion % demonstrates improvement (above 88%):
O2 Device:
O2 Flowrate (L/Min) Setting:
INDICATIONS for Ordering Oxygen: Must enter Lung Disease or Hypoxia Related Symptoms:
if (answer = Lung Disease Diagnosis)
INDICATIONS for Ordering Oxygen: Must enter Lung Disease Diagnosis or Hypoxia Related Symptoms - Lung Disease Diagnosis:
if (answer = Hypoxia Related Symptoms)
Hypoxia Related Symptoms:
if (answer = Hospital Bed)
Hospital Bed:
if (answer = Gel Overlay)
Indicate which of the following conditions describe the patient. Answer all that apply:
if (answer = Alternating Pressure Mattress)
Indicate which of the following conditions describe the patient. Answer all that apply:
if (answer = Low Air Loss Mattress)
Additional Medical Information - select all that apply:
if (answer = Semi-Electric Hospital Bed with Split Siderails)
Pressure ulcer - check all that apply:
if (answer = Semi-Electric Hospital Bed with Full Rails)

		Pressure ulcer - check all that apply:
		if (answer = Other Equipment (specify))
		Other Equipment:
		if (answer = Other (specify))
		Other:
		if (answer = Diabetic supplies)
		Diabetic supplies:
		Face-to-Face Date:
		Clinical Findings:
		if (answer = Other:)
		Other Clinical Findings:
		Special Instructions:
		Specify: Lung Transplant; arrange home nebulizer machine
		Post-op

[ ]	Consult to Transplant Social Work	Reason for Consult? Organ Transplant: Lung Post-op
[ ]	Consult to Speech Language Pathology	Routine, Once, Starting S+1 Reason for consult: if (answer = Other) Reason for SLP? Post-op
[ ]	Other	