Kidney Living Donor Laparoscopic Post-Op [1989]

General	
Common Present on Admission Diagnosis	
	Dest ex
[] 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
1 Schizophrenia Disorder	Post-op
] Sepsis	Post-op
] Septic Shock	Post-op
] Septicemia	Post-op
Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
[] Urinary Tract Infection, Site Not Specified	Post-op
Elective Outpatient, Observation, or Admission (Single	Response)
() Elective outpatient procedure: Discharge following	Routine, Continuous, PACU & Post-op
routine recovery	
() Outpatient observation services under general	Diagnosis:
supervision	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.
Director d. or. 0/40/0000 at 10.00 DNA (co. or. 01/D	PACU & Post-op
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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:
\ Outpetient in a had, system ded recovery.	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
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
Fransfer (Single Response) Patient has active inpatient status order on file	
() Transfer patient	Level of Care: Bed request comments:
	Scheduling/ADT
) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Code Status	
] Full Code	Code Status decision reached by: Post-op
DNR (Do Not Resuscitate) (Selection Required)	·

[] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[] Consult to Social Work	Reason for Consult: Post-op
[] Modified Code	Does patient have decision-making capacity? Modified Code restrictions: Post-op
[] Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op
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
Precautions	
[] Aspiration precautions	Post-op
[] Fall precautions	Increased observation level needed: Post-op
[] Latex precautions	Post-op
[] Seizure precautions	Increased observation level needed: Post-op
Nursing	
Vitals	
[X] Vital signs - T/P/R/BP	Routine, Per unit protocol, Post-op
Activity	
[X] Activity as tolerated	Routine, Until discontinued, Starting S
	Specify: Activity as tolerated Post-op
[] Dangle at bedside	Routine, Once, Starting S Sit at bedside this evening with assistance, Post-op
[] Ambulate	Routine, Every shift Specify: Post-op
Nursing Please place SCD's and Compression Stocking o	rders in VTE section
[X] Turn cough deep breathe	Routine, Every 2 hours During the day and every 4 hours through the night, Post-op
[X] Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain,to gravity
[X] Intake and output	Post-op Routine, Every 8 hours record intake and output every 8 hours, Post-op
[X] Daily weights	Routine, Daily Weigh upon arrival, Post-op
[] Epidural per Anesthesia protocol	Routine, Until discontinued, Starting S, Post-op

on-call can be found through Fondren 12), Post-op Routine, Until discontinued, Starting S, Surgeon's office upon patient arrival to unit and room number at phone # ***, Post-op Notify Donor Advocate of patient arrival and location Post-op Diet Diet Diet effective now, Starting S NPO: Except meds, Except Ice chips Pre-Operative fasting options:	[X] Notify urology	Routine, Once
Notify Surgeon's office Routline, Until discontinued, Starting S, Surgeon's office upon patient arrival to unit and room number at phone # ***, Post-o Post-op Post-op Post-op Post-op Post-op		Notify urology resident with all non-urgent questions (resident
Diet NPO - Except meds and ice chips	[] Notify Surgeon's office	Routine, Until discontinued, Starting S, Surgeon's office upon
Diet effective now, Starting S NPO: Except meds, Except loc echips Pre-Operative fasting options: Except ordered medications on admission, then ice chips for hours. In morning give clear liquids, Advance as tolerated to regular diet. Except ordered medications on admission, then ice chips for 4 hours. In morning give clear liquids, Advance as tolerated to regular diet. Except ordered medications on admission, then ice chips for 4 hours. In morning give clear liquids. Advance as tolerated to regular diet. Post-op Diet effective now, Starting S NPO: Except loc chips Pre-Operative fasting options: Pre-Operative fast	[X] Notify Donor Advocate of patient arrival and location	Post-op
NPO: Except meds, Except Ice chips Pre-Operative fasting options: Except ordered medications on admission, then ice chips for hours. In morning give clear liquids. Advance as tolerated to regular diet. Except ordered medications on admission, then ice chips for 4 hours. In morning give clear liquids. Advance as tolerated to regular diet. Except ordered medications on admission, then ice chips for 4 hours. In morning give clear liquids. Advance as tolerated to regular diet. Post-op Diet effective now, Starting S NPO: Except Ice chips Pre-Operative fasting options: Post-op [X] Diet - Clear liquids advance to lowfat Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Lowfat Advance Diet as Tolerated? Yes Target Diet: Lowfat Advance target diet criteria: Lowfat diet for lunch if tolerating clears for breakfast POD 1 Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op IV Fluids IV Fluids	Diet	
NPO - Except ice chips	NPO - Except meds and ice chips	NPO: Except meds,Except Ice chips Pre-Operative fasting options: Except ordered medications on admission, then ice chips for 4 hours. In morning give clear liquids. Advance as tolerated to regular diet.Except ordered medications on admission, then ice chips for 4 hours. In morning give clear liquids. Advance
Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Lowfat Advance target diet criteria: Lowfat diet for lunch if tolerating clears for breakfast POD 1 Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op I dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Medications Mild Pain (Pain Score 1-3) acetaminophen (TYLENOL) tablet Moderate Pain (Pain Score 4-6) (Single Response) () acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet () HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet Advance Diet as Tolerated? Yes Target Diet: Lowfat Advance Diet as Tolerated? Yes Tolerate Diet Advance Diet as Tolerated Diet Clear of Lower Diet Diet Tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op 2 mg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op 2 tablet, oral, every 4 hours PRN, severe pain (score	[] NPO - Except ice chips	Diet effective now, Starting S NPO: Except Ice chips Pre-Operative fasting options:
V Fluids 125 mL/hr, intravenous, continuous, Post-op	[X] Diet - Clear liquids advance to lowfat	Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Lowfat Advance target diet criteria: Lowfat diet for lunch if tolerating clears for breakfast POD 1 Liquid Consistency: Fluid Restriction: Foods to Avoid:
[] dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Medications Mild Pain (Pain Score 1-3) [] acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Moderate Pain (Pain Score 4-6) (Single Response) () acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet () HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet Post-op 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op 2 mg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op [] MYDROcodone-acetaminophen (NORCO) 5-325 mg per 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op	IV Fluids	
Medications Mild Pain (Pain Score 1-3) [] acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Moderate Pain (Pain Score 4-6) (Single Response) () acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op 2 mg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10),		
Mild Pain (Pain Score 1-3) [] acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Moderate Pain (Pain Score 4-6) (Single Response) () acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet () HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet Post-op 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op 2 mg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op		125 mL/hr, intravenous, continuous, Post-op
[] acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Moderate Pain (Pain Score 4-6) (Single Response) () acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet () HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet () HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet Severe Pain (Pain Score 7-10) [] morPHINE injection 2 mg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10),	Medications	
Moderate Pain (Pain Score 4-6) (Single Response) () acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet () HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet Severe Pain (Pain Score 7-10) [] morPHINE injection 2 mg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10),	,	
() acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet () HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet () HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet Severe Pain (Pain Score 7-10) [] morPHINE injection 2 mg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10),	[] acetaminophen (TYLENOL) tablet	_ , , , , , , , , , , , , , , , , , , ,
tablet Post-op () HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet Severe Pain (Pain Score 7-10) [] morPHINE injection	Moderate Pain (Pain Score 4-6) (Single Response)	
tablet Post-op Severe Pain (Pain Score 7-10) [] morPHINE injection 2 mg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10),	tablet	
[] morPHINE injection 2 mg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10),		
7-10), Post-op [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per 2 tablet, oral, every 4 hours PRN, severe pain (score 7-10),	Severe Pain (Pain Score 7-10)	
	[] morPHINE injection	
	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
	() morPHINE PCA 30 mg/30 mL	

[]	morPHINE 30 mg/30 mL PCA	Loading Dose (optional): Not Ordered PCA Dose: 1 mg Lockout Interval: Not Ordered Continuous Dose: 0 mg/hr MAX (Four hour dose limit): 20 mg intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE. Adjust doses for age, renal function or other factors.
		Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change
	Richmond agitation sedation scale	Routine, Once Hold infusion daily at: Target RASS: BIS Monitoring (Target BIS: 40-60): 60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects.
	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy
	Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention
	naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.
	hydromorPHONE PCA (DILAUDID) 15 mg/30 mL hydromorPHONE (DILAUDID) 15 mg/30 mL PCA	Loading Dose (optional): 0.5 mg PCA Dose: 0.2 mg Lockout: 10 Minutes Continuous Dose: 0 mg/hr MAX (Four hour dose limit): 4 mg intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time:

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

[]	Richmond agitation sedation scale	Routine, Once Hold infusion daily at: Target RASS:
		BIS Monitoring (Target BIS: 40-60):
		60 minutes after administration of pain medication AND every 4 hours.
		Assess and document side effects of at least every 4 hours for duration of
l _		therapy and when patient complains of pain and/or side effects.
[]	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued
		for any reason
		- Inadequate analgesia
		- Prior to administration of any other narcotics, antiemetics, or sedatives
		other than those ordered by the prescriber responsible for IV PCA therapy
		- PCA pump discontinued by any service other than the prescriber
		responsible for IV PCA therapy
[]	Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or
	physician and/or CERT team for any of the	less
	following:	- Severe and/or recent confusion or disorientation
	ŭ	- POSS sedation level 4: Somnolent and difficult to arouse
		- Sustained hypotension (SBP less than 90)
		- Excessive nausea or vomiting
		- Urinary retention
[]	naloxone (NARCAN) 0.4 mg/mL injection	0.2 mg, intravenous, once PRN, respiratory depression, as needed for
	0.2 mg	respiratory rate 8 per minute or less OR patient somnolent and difficult to
	· ·	arouse (POSS GREATER than 3)., Post-op
		Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4
		mg). If naloxone is needed, please call the ordering physician and/or
		CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15
		minutes for 3 times.
() h	ydromorPHONE PCA (DILAUDID) 15 mg/30 mL	
<u> </u>	•	Loading Dose (optional): 0.5 mg PCA Dose: 0.2 mg Lockout: 10
''	PCA	Minutes Continuous Dose: 0 mg/hr MAX (Four hour dose limit):
		4 mg
		intravenous, continuous, Post-op
		Management of breakthrough pain. Administer only if respiratory rate 12
		per minute or more and POSS level of 2 or less. If more than 2 bolus
		doses in 12 hours or if pain persists after increase in demand dose, call
		ordering prescriber. For breakthrough pain in patients ages 19-59 years
		old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg
		every {Bolus Frequency:26663::"3"} hours as needed. If pain persists,
		may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE.
		Adjust doses for age, renal function or other factors.
		Turn Off PCA Continuous Dose (Basal Rate) On Date:
		Turn Off PCA Continuous Dose (Basal Rate) At Time:
[1	Vital signs - T/P/R/BP	Routine, Per unit protocol
'	J - · · ·	- Initially and every 30 minutes for 1 hour after PCA started, bolus
		administration or dose change; then
		- Every hour x 2 starting second hour after PCA started, bolus
		administered or dose change: then
1		administered or dose change; then - Every 4 hours until PCA therapy is discontinued.
		- Every 4 hours until PCA therapy is discontinued.
<u></u>	Richmond agitation sedation scale	Every 4 hours until PCA therapy is discontinued.Immediately following PCA administration tubing change
[]	Richmond agitation sedation scale	 Every 4 hours until PCA therapy is discontinued. Immediately following PCA administration tubing change Routine, Once
[]	Richmond agitation sedation scale	- Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change Routine, Once Hold infusion daily at:
[]	Richmond agitation sedation scale	- Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change Routine, Once Hold infusion daily at: Target RASS:
[]	Richmond agitation sedation scale	- Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change Routine, Once Hold infusion daily at: Target RASS: BIS Monitoring (Target BIS: 40-60):
[]	Richmond agitation sedation scale	- Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change Routine, Once Hold infusion daily at: Target RASS: BIS Monitoring (Target BIS: 40-60): 60 minutes after administration of pain medication AND every 4 hours.
[]	Richmond agitation sedation scale	- Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change Routine, Once Hold infusion daily at: Target RASS: BIS Monitoring (Target BIS: 40-60):

tinued, Starting S, - PCA pump infusion discontinued
ia
on of any other narcotics, antiemetics, or sedatives ered by the prescriber responsible for IV PCA therapy nued by any service other than the prescriber
A therapy
tinued, Starting S, - Respiratory rate 10 per minute on the confusion or disorientation
el 4: Somnolent and difficult to arouse sion (SBP less than 90) or vomiting
once PRN, respiratory depression, as needed for
minute or less OR patient somnolent and difficult to ATER than 3)., Post-op
mg once in 2 minutes if necessary (MAXIMUM 0.4 eeded, please call the ordering physician and/or vital signs (pulse oximetry, P/R/BP) every 15
ed Panel
ours PRN, nausea, vomiting, Post-op to tolerate oral medication.
very 8 hours PRN, nausea, vomiting, Post-op ble to tolerate oral medication OR if a faster onset of
ed Panel
, every 6 hours PRN, nausea, vomiting, Post-op ZOFRAN) is ineffective and patient is UNable to medication OR if a faster onset of action is required.
6 hours PRN, nausea, vomiting, Post-op ZOFRAN) is ineffective and patient is able to tolerate
y 6 hours PRN, nausea, vomiting, Post-op ZOFRAN) is ineffective and patient is UNable to on.
ed Panel
ours PRN, nausea, vomiting, Post-op to tolerate oral medication.
very 8 hours PRN, nausea, vomiting, Post-op ble to tolerate oral medication OR if a faster onset of
ed Panel
, at 60 mL/hr, for 20 Minutes, every 6 hours PRN,
st-op ZOFRAN) is ineffective and patient is UNable to medication OR if a faster onset of action is required.
6 hours PRN, nausea, vomiting, Post-op ZOFRAN) is ineffective and patient is able to tolerate
y 6 hours PRN, nausea, vomiting, Post-op ZOFRAN) is ineffective and patient is UNable to on.
<u>(</u>

[X] 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.
[X] 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.
[X] promethazine (PHENERGAN) IVPB or Oral or Re	
[X] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
	tolerate oral or rectal medication OR if a faster onset of action is required
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolera oral medication.
[X] 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.
Bowel Care	
[X] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily, Post-op
[X] bisacodyl (DULCOLAX) EC tablet	10 mg, oral, nightly, Post-op
tching (Single Response)	
(X) cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
nsomnia: For Patients GREATER than 70 years o	old (Single Response)
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
nsomnia: For Patients LESS than 70 years old (S	8 mg, oral, nightly PRN, sleep, Post-op ingle Response)
nsomnia: For Patients LESS than 70 years old (S) zolpidem (AMBIEN) tablet	8 mg, oral, nightly PRN, sleep, Post-op ingle Response) 5 mg, oral, nightly PRN, sleep, Post-op
nsomnia: For Patients LESS than 70 years old (S) zolpidem (AMBIEN) tablet ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op ingle Response)
nsomnia: For Patients LESS than 70 years old (S) zolpidem (AMBIEN) tablet ramelteon (ROZEREM) tablet TE	8 mg, oral, nightly PRN, sleep, Post-op ingle Response) 5 mg, oral, nightly PRN, sleep, Post-op 8 mg, oral, nightly PRN, sleep, Post-op
nsomnia: For Patients LESS than 70 years old (S) zolpidem (AMBIEN) tablet	8 mg, oral, nightly PRN, sleep, Post-op ingle Response) 5 mg, oral, nightly PRN, sleep, Post-op 8 mg, oral, nightly PRN, sleep, Post-op
nsomnia: For Patients LESS than 70 years old (S) zolpidem (AMBIEN) tablet ramelteon (ROZEREM) tablet TE	8 mg, oral, nightly PRN, sleep, Post-op ingle Response) 5 mg, oral, nightly PRN, sleep, Post-op 8 mg, oral, nightly PRN, sleep, Post-op (Selection Required) URL: "\appt1.pdf" tic Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
nsomnia: For Patients LESS than 70 years old (Society) zolpidem (AMBIEN) tablet yramelteon (ROZEREM) tablet VTE DVT Risk and Prophylaxis Tool (Single Response yramelteon (Pophylaxis Tool (Single Response) yramelteon (Single Response) yramelteon (Pophylaxis Tool (Single Response) yramelteon (Poph	8 mg, oral, nightly PRN, sleep, Post-op ingle Response) 5 mg, oral, nightly PRN, sleep, Post-op 8 mg, oral, nightly PRN, sleep, Post-op () (Selection Required) URL: "\appt1.pdf" tic Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
() ramelteon (ROZEREM) tablet Insomnia: For Patients LESS than 70 years old (S) () zolpidem (AMBIEN) tablet () ramelteon (ROZEREM) tablet VTE DVT Risk and Prophylaxis Tool (Single Response () Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis	8 mg, oral, nightly PRN, sleep, Post-op 5 mg, oral, nightly PRN, sleep, Post-op 8 mg, oral, nightly PRN, sleep, Post-op (Selection Required) URL: "\appt1.pdf" ttic Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
() ramelteon (ROZEREM) tablet Insomnia: For Patients LESS than 70 years old (S) () zolpidem (AMBIEN) tablet () ramelteon (ROZEREM) tablet VTE DVT Risk and Prophylaxis Tool (Single Response () Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis () LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk face [] Low Risk (Single Response) (Selection Required)	8 mg, oral, nightly PRN, sleep, Post-op 5 mg, oral, nightly PRN, sleep, Post-op 8 mg, oral, nightly PRN, sleep, Post-op (a) (Selection Required) URL: "\appt1.pdf" ttic Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op ctors red)
(nsomnia: For Patients LESS than 70 years old (Society) zolpidem (AMBIEN) tablet (nsomnia: For Patients LESS than 70 years old (Society) zolpidem (AMBIEN) tablet (nsomnia: For Patients LESS than 70 years old (Society) zolpidem (AMBIEN) tablet VTE DVT Risk and Prophylaxis Tool (Single Response of the second content of the secon	8 mg, oral, nightly PRN, sleep, Post-op 5 mg, oral, nightly PRN, sleep, Post-op 8 mg, oral, nightly PRN, sleep, Post-op (Selection Required) URL: "\appt1.pdf" tic Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op

Moderate Risk Definition

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

One or more of the following medical conditions:

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 Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	Surgical
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() 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
() 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
() 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.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs)	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) (Se Required)	ection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	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 (Selection	n
Required)	
Moderate Risk Definition	
contraindicated.	echanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	leg swelling, dicers, verious stasis and nephrotic syndrome
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hour	S
Less than fully and independently ambulatory Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Select Required)	iion
Nequireu)	

Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Selection	tion
Required)	
() Contraindications exist for pharmacologic prop	phylaxis - "And" Linked Panel
Order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
device continuous	
Contraindications exist for pharmacologic prop AND mechanical prophylaxis	phylaxis "And" Linked Panel
() Contraindications exist for pharmacologic prop	ohylaxis "And" Linked Panel Routine, Once
 Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following
Contraindications exist for pharmacologic prop AND mechanical prophylaxis Contraindications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Contraindications exist for pharmacologic prop AND mechanical prophylaxis Contraindications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following
Contraindications exist for pharmacologic prop AND mechanical prophylaxis Contraindications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Contraindications exist for pharmacologic propand AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Contraindications exist for pharmacologic propand AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for mechanical	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Contraindications exist for pharmacologic propand AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for mechanical prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Contraindications exist for pharmacologic propandly and mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Response)	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Contraindications exist for pharmacologic propandle AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Response)	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse)
() Contraindications exist for pharmacologic propandly and mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Response)	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Contraindications exist for pharmacologic propandle AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Response)	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse)

() 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
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() 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 (Selection Required)	
High Risk Definition	

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Surg	ical Patient
(Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	sponse)
(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() 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
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	Starting S+1
	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

() 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
() Tortuaparitus (ANIXTNA) injection	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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g.	Post-op
weight < 50kg and age > 75yrs)	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	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response) (Se	election
Required)	Davidina Once
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
_	,

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Responsition (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
() 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
() 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
() 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
	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
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL)
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
] Mechanical Prophylaxis (Single Response) (Se	election
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio	n
Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	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
	Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() 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 - Patients weight between 140 kg o	
GREATER and CrCl GREATER t	
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	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
() heparin (porcine) injection (Recom	
for patients with high risk of bleeding	
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
	· · · · · · · · · · · · · · · · · · ·
knee arthroplasty planned during the	
admission	Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1
	Indication:
() Pharmacy consult to manage warfs	
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Res Required)	sponse) (Selection
() Contraindications exist for mechan	nical Routine, Once
` '	
prophylaxis	
` '	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
prophylaxis () Place/Maintain sequential compres device continuous	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Routine, Continuous, PACU & Post-op
prophylaxis () Place/Maintain sequential compres device continuous	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Routine, Continuous, PACU & Post-op Response)
prophylaxis () Place/Maintain sequential compres device continuous	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Routine, Continuous, PACU & Post-op
prophylaxis () Place/Maintain sequential compres device continuous DVT Risk and Prophylaxis Tool (Single	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Routine, Continuous, PACU & Post-op Response) URL: "\appt1.pdf"
prophylaxis () Place/Maintain sequential compres device continuous OVT Risk and Prophylaxis Tool (Single) Patient currently has an active order for	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Ssion Routine, Continuous, PACU & Post-op Response) URL: "\appt1.pdf" or therapeutic Routine, Once
prophylaxis () Place/Maintain sequential compres device continuous DVT Risk and Prophylaxis Tool (Single	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Routine, Continuous, PACU & Post-op URL: "\appt1.pdf" r therapeutic Routine, Once No pharmacologic VTE prophylaxis because: patient is
prophylaxis () Place/Maintain sequential compres device continuous OVT Risk and Prophylaxis Tool (Single) Patient currently has an active order for	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Response) URL: "\appt1.pdf" Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
prophylaxis () Place/Maintain sequential compres device continuous OVT Risk and Prophylaxis Tool (Single) Patient currently has an active order for	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Response) URL: "\appt1.pdf" Prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
prophylaxis () Place/Maintain sequential compres device continuous DVT Risk and Prophylaxis Tool (Single) Patient currently has an active order for anticoagulant or VTE prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Response) URL: "\appt1.pdf" or therapeutic Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
prophylaxis () Place/Maintain sequential compres device continuous DVT Risk and Prophylaxis Tool (Single) Patient currently has an active order for anticoagulant or VTE prophylaxis () LOW Risk of DVT (Selection Required	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Response) URL: "\appt1.pdf" or therapeutic Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
prophylaxis () Place/Maintain sequential compress device continuous DVT Risk and Prophylaxis Tool (Single) Patient currently has an active order for anticoagulant or VTE prophylaxis) LOW Risk of DVT (Selection Required Low Risk Definition	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Response) URL: "\appt1.pdf" Presponse No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
prophylaxis () Place/Maintain sequential compress device continuous DVT Risk and Prophylaxis Tool (Single) Patient currently has an active order for anticoagulant or VTE prophylaxis) LOW Risk of DVT (Selection Required	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Response) URL: "\appt1.pdf" Presponse No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
prophylaxis () Place/Maintain sequential compress device continuous OVT Risk and Prophylaxis Tool (Single) Patient currently has an active order for anticoagulant or VTE prophylaxis) LOW Risk of DVT (Selection Required Low Risk Definition Age less than 60 years and NO other V	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Ssion Routine, Continuous, PACU & Post-op URL: "\appt1.pdf" or therapeutic Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op VTE risk factors
prophylaxis () Place/Maintain sequential compress device continuous DVT Risk and Prophylaxis Tool (Single) Patient currently has an active order for anticoagulant or VTE prophylaxis) LOW Risk of DVT (Selection Required Low Risk Definition Age less than 60 years and NO other VE) [] Low Risk (Single Response) (Selection Required Control of the North Prophylaxis)	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Response) URL: "\appt1.pdf" or therapeutic Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op VTE risk factors tion Required)
prophylaxis () Place/Maintain sequential compress device continuous DVT Risk and Prophylaxis Tool (Single) Patient currently has an active order for anticoagulant or VTE prophylaxis) LOW Risk of DVT (Selection Required Low Risk Definition Age less than 60 years and NO other VTE Low Risk (Single Response) (Selection Required Response)	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Response) URL: "\appt1.pdf" or therapeutic Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op VTE risk factors tion Required) Routine, Once
prophylaxis () Place/Maintain sequential compress device continuous DVT Risk and Prophylaxis Tool (Single () Patient currently has an active order for anticoagulant or VTE prophylaxis () LOW Risk of DVT (Selection Required Low Risk Definition Age less than 60 years and NO other VIII) [] Low Risk (Single Response) (Selection Required Control of the North Prophylaxis)	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Response) URL: "\appt1.pdf" Or therapeutic Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op VTE risk factors tion Required) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
prophylaxis () Place/Maintain sequential compress device continuous DVT Risk and Prophylaxis Tool (Single) Patient currently has an active order for anticoagulant or VTE prophylaxis) LOW Risk of DVT (Selection Required Low Risk Definition Age less than 60 years and NO other VE) [] Low Risk (Single Response) (Selection Required Control of the North Prophylaxis)	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op Response) URL: "\appt1.pdf" or therapeutic Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op VTE risk factors tion Required) Routine, Once

Moderate Risk Definition

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

One or more of the following medical conditions:

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 Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
Moderate risk of VTE	Routine, Once, PACU & Post-op
 Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required) 	Surgical
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() 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
() 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
() 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

() honorin (norgina) injection (Decomposed of	E 000 Unite autonoque avenudo haves 0.4 at 0.00 AM DACULO
 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs)	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) (Se Required)	election
() 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 (Selecti Required)	on
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
[] Moderate Risk (Selection Required)	Destina Once DAOII 9 Dest on
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) 	Routine, Once, PACU & Post-op ction
() Contraindications exist for pharmacologic pro Order Sequential compression device	ophylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once

Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required)	tion
Contraindications exist for pharmacologic prop Order Sequential compression device	phylaxis - "And" Linked Panel
] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
Contraindications exist for pharmacologic prop	phylaxis "And" Linked Panel
AND mechanical prophylaxis	
	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
] Contraindications exist for pharmacologic	No pharmacologic VTE prophylaxis due to the following contraindication(s):
Contraindications exist for pharmacologic prophylaxis Contraindications exist for mechanical	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op

() 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
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() 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 (Selection Required)	
High Risk Definition	

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	ical Patient
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	sponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() 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
() 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

() 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 30kg and age > 73yrs)	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) (Se Required)	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	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 (Selection Requ	uired)

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once, PACU & Post-op	
[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)		
() Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
	contraindication(s):	
	PACU & Post-op	
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S	
() 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	
() 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	
() 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
	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
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL)
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	election
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio	n
Required)	
High Risk Definition	
Poth pharmacologic AND machanical prophylavia	must be addressed

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required)	
() 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 Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() 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	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
mL/min	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 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
() 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 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 To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() 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
abs	
aboratory Timed	
] Hemoglobin and hematocrit	STAT For 1 Occurrences, PACU & Post-op
Basic metabolic panel	STAT For 1 Occurrences, PACU & Post-op
Hemoglobin and hematocrit	STAT For 1 Occurrences SPECIMEN TO BE DRAWN 4 HOURS POST-OP Please retain label for specimen. Note to PACU nurse: If patient is transferred prior to time of
	specimen collection, send label with patient and notify nurse on receiving unit of need for lab and to use the label sent with patient

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Laboratory POD 1	
[X] Basic metabolic panel	AM draw For 1 Occurrences, Post-op
[X] CBC with platelet and differential	AM draw For 1 Occurrences, Post-op
Laboratory POD 2	
[X] Basic metabolic panel	AM draw, Starting S+2 at 4:00 AM For 1 Occurrences,
	Post-op
[1] CBC with platelet and differential	AM draw. Starting S+2 at 4:00 AM For 1 Occurrences.

Post-op

Post-op

AM draw, Starting S+2 at 4:00 AM For 1 Occurrences,

PACU & Post-op

Cardiology

Imaging

Diagnostic X-Ray Stat

[] Hemoglobin and hematocrit

[] Chest 1 Vw Portable	STAT, 1 time imaging For 1 Occurrences, Post-op
Other Studies	
Respiratory	
Respiratory Therapy	
[X] Incentive spirometry	Routine, Every hour For 10 Occurrences, Post-op
Rehab	
Consults	
For Physician Consult orders use sidebar	
Additional Orders	