

# Cardiac Catheterization Post Procedure [1554]

Medications in this order set are inpatient medications.

## General

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

( ) Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, Scheduling/ADT
( ) Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT
( ) Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments: Scheduling/ADT
( ) 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. Scheduling/ADT

### 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

## 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

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

## Nursing

### Vital Signs

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol, Post-op
--	-------------------------------------

### Activity

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S Keep affected extremity straight per protocol., Post-op
<input type="checkbox"/> Bathroom Privileges with assistance	Routine, Until discontinued, Starting S Specify: Bathroom privileges Additional modifier: with assist only One hour after sheath removal, Post-op
<input type="checkbox"/> Out of bed with assistance (2 hours after sheath removal)	Routine, Until discontinued, Starting S Specify: Two hours after sheath removal
<input type="checkbox"/> Out of bed with assistance (4 hours after sheath removal)	Routine, Until discontinued, Starting S Specify: Out of bed, Up with assistance Four hours after sheath removal, Post-op
<input type="checkbox"/> Out of bed with assistance (6 Hours after sheath removal)	Routine, Until discontinued, Starting S Specify: Out of bed, Up with assistance Six hours after sheath removal, Post-op
<input type="checkbox"/> Out of bed with assistance	Routine, Until discontinued, Starting S Specify: Out of bed, Up with assistance Post-op

### Telemetry

<input checked="" type="checkbox"/> Telemetry	"And" Linked Panel
<input checked="" type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes Post-op
<input checked="" type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94 Post-op

### Nursing Assessments

<input checked="" type="checkbox"/> Peripheral vascular assessment	Routine, Once For 1 Occurrences Observe for bleeding and hematoma and check radial and pedal pulses of extremity used for access per post catheterization routine., Post-op
--	--

[ ] Assess operative site	Routine, Every 8 hours Assess site for bleeding., Post-op
<b>Nursing Interventions</b>	
[ ] Remove sheath	Routine, Once For 1 Occurrences In one hour, Post-op
[ ] Saline lock IV	Routine, Once For 1 Occurrences, Post-op
[ ] Discontinue IV	Routine, Once For 1 Occurrences Discontinue prior to discharge, Post-op
<b>Notify</b>	
[X] Notify Physician (Specify)	Routine, Once For 1 Occurrences, Pulses absent or diminished, Post-op
[X] Notify Physician (Specify)	Routine, Once For 1 Occurrences, Chest pain unrelieved with nitroglycerin, Post-op
[X] Notify Physician (Specify)	Routine, Once For 1 Occurrences, Platelets less than 100,000, Post-op
[ ] Notify Physician (Specify)	Routine, Once For 1 Occurrences, Prior to discharge, Post-op
<b>Sheath Removal</b>	
[ ] Assess operative site	Routine, Once Every 15 minutes x 4, every 30 minutes times 4, then every hour times 2, then every 4 hours, Post-op
[ ] POC activated clotting time	Every hour Evaluate every hour until sheath removed., Post-op
[ ] Remove sheath	Routine, Once Remove sheath(s) when ACT is less than 170., Post-op
<b>Sheath Removal - TR Band</b>	
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous 30 minutes after TR Band is applied deflate 3cc of air from cuff. If no bleeding occurs from the site deflate 3cc of air from the TR Band every 10 minutes until all 18cc of air has been removed., Post-op
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous 2 Hours after TR Band is applied deflate 3cc of air from cuff. If no bleeding occurs from the site deflate 3cc of air from the TR Band every 10 minutes until all 18cc of air has been removed., Post-op
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous If site is free of bleeding or hematoma after 10 minutes remove TR Band and apply sterile dressing to site., Post-op
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous If bleeding occurs when 3cc of air is removed re-inflate with 3cc of air. Wait 30 minutes then restart releasing 3cc of air every 10 minutes until all 18cc of air has been removed., Post-op
[ ] Assess cath site	Routine, Once After TR Band removed evaluate access site for bleeding as follows: every 15 minutes x 4; every 30 minutes x 2 and every hour x 2., Post-op
[ ] Activity as tolerated - limit arm movement	Routine, Until discontinued, Starting S Specify: Activity as tolerated Limit arm movement, Post-op
<b>Sheath Removal - RadiStop</b>	
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous RadiStop Compression Assist Device starting at ***, Post-op

[ ] Place/Maintain sequential compression device continuous	Routine, Continuous Release radial band every 15 minutes x 4. Radial band to be removed by *** (time). If bleeding occurs; reapply radial band until bleeding stops, releasing band every 15 minutes x 4. Apply sterile dressing., Post-op
---	--

#### Diet - Post Sheath(s) Removal

[ ] Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
[ ] Diet - 1800 Carb Control Diabetic	Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
[ ] Diet - Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op

#### Diet - Post Sheath(s) Removal HMSC

[ ] Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
[ ] Diet - 1800 Carb Control Diabetic	Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
[ ] Diet - Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
[ ] Diet - Finger Foods	Diet effective now, Starting S Diet(s): Additional Instructions Additional Instructions: Finger Foods Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op

## IV Fluids

### IV Fluids

<input type="checkbox"/> sodium chloride 0.9 % bolus	500 mL, intravenous, once, Post-op For systolic BP less than 100 and/or increase in heart rate of 20 BPM or decrease in SBP of 20 mm Hg.
<input type="checkbox"/> sodium chloride 0.45 % infusion	100 mL/hr, intravenous, for 10 Hours, continuous, Post-op
<input checked="" type="checkbox"/> sodium chloride 0.9 % infusion	100 mL/hr, intravenous, for 10 Hours, continuous, Post-op
<input type="checkbox"/> dextrose 5%-0.45% sodium chloride infusion	100 mL/hr, intravenous, for 10 Hours, continuous, Post-op
<input type="checkbox"/> dextrose 5%-0.9% sodium chloride infusion	100 mL/hr, intravenous, for 10 Hours, continuous, Post-op

## Medications

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

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, mild pain (score 1-3), Post-op
---	---

### Analgesics - Moderate Pain (Pain Score 4-6) (Single Response)

<input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) 300-30 mg tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication

### Analgesics - Severe Pain (Pain Score 7-10) (Single Response)

<input type="checkbox"/> morphine 2 mg/mL injection	2 mg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed

## Nitrates

<input type="checkbox"/> nitroglycerin infusion	5-200 mcg/min, intravenous, continuous, Post-op
<input type="checkbox"/> isosorbide mononitrate (ISMO,MONOKET) tablet	20 mg, oral, 2 times daily at 0900, 1600, Post-op Post-Op HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> isosorbide mononitrate (IMDUR) 24 hr tablet	oral, daily, Post-op Post-Op HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> nitroglycerin (NITRODUR) 24 hr patch	transdermal, daily, Post-op Post-Op
<input type="checkbox"/> nitroglycerin (NITROSTAT) 2% ointment	1 inch, Topical, every 6 hours scheduled, Post-op Post-Op, Apply to chest wall
<input type="checkbox"/> nitroglycerin (NITROSTAT) SL tablet	0.4 mg, sublingual, every 5 min PRN, chest pain, For 3 Doses, Post-op Post-Op. Call provider after third dose.

### Antiplatelet Agents (Single Response)

<input type="checkbox"/> Loading Dose Followed By Maintenance (Single Response)	
<input type="checkbox"/> clopidogrel (PLAVIX) 300 mg Loading Dose followed by 75 mg Maintenance Dose and aspirin EC 81 mg tablet	
<input type="checkbox"/> clopidogrel (PLAVIX) Loading and Maintenance doses	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> Loading Dose - clopidogrel (PLAVIX) tablet	300 mg, oral, once, For 1 Doses, Post-op Loading Dose
<input type="checkbox"/> Maintenance Dose - clopidogrel (PLAVIX) tablet	75 mg, oral, daily, Starting S+1, Post-op Maintenance Dose
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op

( ) ticagrelor (BRILINTA) 180 mg Loading Dose followed by 90 mg Maintenance Dose and aspirin EC 81 mg tablet

[ ] ticagrelor (BRILINTA) Oral Loading and Maintenance Doses **"Followed by" Linked Panel**

[ ] Loading Dose - ticagrelor (BRILINTA) tablet 180 mg, oral, once, For 1 Doses, Post-op Loading Dose

[ ] Maintenance Dose - ticagrelor (BRILINTA) tablet 90 mg, oral, 2 times daily, Starting H+12 Hours, Post-op Maintenance Dose

[ ] aspirin (ECOTRIN) enteric coated tablet 81 mg, oral, daily, Starting S+1, Post-op

( ) prasugrel (EFFIENT) 60 mg Loading Dose followed by 10 mg Maintenance Dose and aspirin EC 81 mg tablet  
(Selection Required)

[ ] prasugrel (EFFIENT) Loading and Maintenance Doses **"Followed by" Linked Panel**

Maintenance Dose Instructions:

Lower the dose to 5 mg for high risk patients (age GREATER than or EQUAL to 75 OR weight LESS than 60 kg)

[ ] Loading Dose - prasugrel (EFFIENT) tablet 60 mg, oral, once, For 1 Doses, Post-op Loading Dose

[ ] Maintenance Dose - prasugrel (EFFIENT) tablet 10 mg, oral, daily, Starting H+24 Hours, Post-op Maintenance Dose

[ ] aspirin (ECOTRIN) enteric coated tablet 81 mg, oral, daily, Starting S+1, Post-op

[ ] \*\* DO NOT REMOVE \*\* Pharmacy Consult to educate patient on prasugrel (EFFIENT) (Selection Required)

[ ] Pharmacy Consult to educate patient on prasugrel (EFFIENT) STAT, Once For 1 Occurrences  
Which drug do you need help dosing? prasugrel (EFFIENT)

( ) Maintenance Doses Only (Single Response)

( ) clopidogrel (PLAVIX) 75 mg Maintenance Dose and aspirin EC 81 mg tablet - Start Tomorrow

[ ] clopidogrel (PLAVIX) tablet 75 mg, oral, daily, Starting S+1, Post-op

[ ] aspirin (ECOTRIN) enteric coated tablet 81 mg, oral, daily, Starting S+1, Post-op

( ) ticagrelor (BRILINTA) 90 mg Maintenance Dose and aspirin EC 81 mg tablet - Start 12 Hours from Now

[ ] ticagrelor (BRILINTA) tablet 90 mg, oral, 2 times daily, Starting H+12 Hours, Post-op

[ ] aspirin (ECOTRIN) enteric coated tablet 81 mg, oral, daily, Starting S+1, Post-op

( ) prasugrel (EFFIENT) 10 mg Maintenance Dose and aspirin EC 81 mg tablet - Start Tomorrow

[ ] prasugrel (EFFIENT) tablet + consult (Selection Required) **"And" Linked Panel**

[ ] prasugrel (EFFIENT) tablet 10 mg, oral, daily, Starting S+1

[ ] prasugrel (EFFIENT) consult STAT, Once For 1 Occurrences  
Which drug do you need help dosing? prasugrel (EFFIENT)

[ ] aspirin (ECOTRIN) enteric coated tablet 81 mg, oral, daily, Starting S+1, Post-op

#### Anti-hyperlipidemic Agents (Single Response)

( ) Moderate Intensity - atorvastatin (LIPITOR) tablet or simvastatin (ZOCOR) tablet (Single Response)

( ) atorvastatin (LIPITOR) tablet - Moderate Intensity 10 mg, oral, nightly, Post-op

( ) simvastatin (ZOCOR) tablet - Moderate Intensity 20 mg, oral, nightly, Post-op

( ) High Intensity - atorvastatin (LIPITOR) tablet (Single Response)

( ) atorvastatin (LIPITOR) tablet - Moderate Intensity 40 mg, oral, nightly

( ) ezetimibe (ZETIA) tablet 10 mg, oral, nightly, Post-op

#### ARB/ACE Inhibitors

[ ] captopril (CAPOTEN) tablet	6.25 mg, oral, 3 times daily, Post-op Hold for systolic blood pressure less than 90 millimeters of mercury HOLD parameters for this order: Contact Physician if:
[ ] enalapril (VASOTEC) tablet	2.5 mg, oral, 2 times daily, Post-op Hold for systolic blood pressure less than 90 millimeters of mercury HOLD parameters for this order: Contact Physician if:
[ ] enalaprilat (VASOTEC) injection	2.5 mg, intravenous, Post-op HOLD parameters for this order: Contact Physician if:
[ ] lisinopril (PRINIVIL,ZESTRIL) tablet	5 mg, oral, daily, Post-op Hold for systolic blood pressure less than 90 millimeters of mercury HOLD parameters for this order: Contact Physician if:
[ ] valsartan (DIOVAN) tablet	160 mg, oral, 2 times daily, Post-op HOLD parameters for this order: Contact Physician if:
[ ] losartan (COZAAR) tablet	25 mg, oral, daily, Post-op Hold for systolic blood pressure less than 90 millimeters of mercury HOLD parameters for this order: Contact Physician if:

#### Anti-Anginal

[ ] ranolazine (RANEXA) 12 hr tablet	500 mg, oral, 2 times daily, Post-op
--------------------------------------	--------------------------------------

#### Antiemetics

[X] ondansetron (ZOFRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
[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) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
[X] 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.
[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 tolerate 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.

#### Anxiolytics (Single Response)

( ) LORazepam (ATIVAN) tablet	0.5 mg, oral, every 4 hours PRN, anxiety, Post-op Indication(s): Anxiety
( ) ALPRAZolam (XANAX) tablet	0.25 mg, oral, every 8 hours PRN, anxiety, Post-op Indication(s): Anxiety

#### For Sheath(s) Pull Only

[ ] atropine injection	0.5 mg, intravenous, once PRN, for heart rate LESS than 55 beats per minute., Post-op
[ ] diazepam (VALIUM) injection	1 mg, intravenous, once PRN, sedation, Post-op Indication(s): Sedation

<input type="checkbox"/> MIDAZolam (VERSED) injection	1 mg, intravenous, once PRN, sedation, Post-op Indication(s): Sedation
<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, once PRN, severe pain (score 7-10), sheath pull, Post-op
<input type="checkbox"/> morPHINE injection	1 mg, intravenous, once PRN, severe pain (score 7-10), sheath pull, Post-op

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

<input type="checkbox"/> zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op

#### Insomnia: For Patients GREATER than or EQUAL to 70 years old (Single Response)

<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
---	---

#### Other - PRN

<input type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Post-op
<input type="checkbox"/> magnesium hydroxide suspension	30 mL, oral, 4 times daily PRN, indigestion, Post-op

## VTE

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

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 (Selection Required)

Low Risk Definition

Age less than 60 years and NO other VTE risk factors

#### Low Risk (Single Response) (Selection Required)

<input type="checkbox"/> Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation PACU & Post-op
--	---

#### ( ) MODERATE Risk of DVT - Surgical (Selection Required)

## 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)

<input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op
---	-------------------------------

### Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device	<b>"And" Linked Panel</b>
--	---------------------------

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
--	---

<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
--	---------------------

( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
---	---------------------------

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
--	---

<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
---	--

( ) enoxaparin (LOVENOX) injection (Single Response) (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 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 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
---------------------------------	--

( ) 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
---	---

( ) warfarin (COUMADIN) tablet	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 Indication:
--------------------------------	--

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
--	---

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( ) 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 (Selection Required)	

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 - Non-Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	<b>"And" Linked Panel</b>
---	---------------------------

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
---	---

[ ] Place/Maintain sequential compression device continuous	Routine, Continuous
---	---------------------

( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
--	---------------------------

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
---	---

[ ] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
--	--

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
---	--

( ) 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, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
--------------------------------------	--

( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input checked="" type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) 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	
History of PE	

<input checked="" type="checkbox"/> High Risk (Selection Required)	
<input checked="" type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input checked="" type="checkbox"/> High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (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 Response) (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 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 for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) 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 (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	
History of PE	

[ ] High Risk (Selection Required)	
[ ] High risk of VTE	Routine, Once, PACU & Post-op
[ ] High Risk Pharmacological Prophylaxis - Non-Surgical 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 Response) (Selection Required)	
( ) 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, 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) (Selection Required)	
( ) 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) (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 History of PE	

[ ] High Risk (Selection Required)	
[ ] High risk of VTE	Routine, Once, PACU & Post-op
[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) 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 Response) (Selection Required)	
( ) 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 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) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

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

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

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

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

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

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

#### ( ) LOW Risk of DVT (Selection Required)

Low Risk Definition

Age less than 60 years and NO other VTE risk factors

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

( ) Low risk of VTE

Routine, Once

Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation  
PACU & Post-op

#### ( ) MODERATE Risk of DVT - Surgical (Selection Required)

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

<input type="checkbox"/> Moderate Risk (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (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 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 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
( ) 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.
( ) 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:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) 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 (Selection Required)	

## 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)

<input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) 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, 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) (Selection Required)

( ) 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

History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once, PACU & Post-op
----------------------	-------------------------------

[ ] High Risk Pharmacological Prophylaxis - Surgical 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 Response) (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 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 for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	

( ) 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 (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 History of PE	
[ ] High Risk (Selection Required)	
[ ] High risk of VTE	Routine, Once, PACU & Post-op
[ ] High Risk Pharmacological Prophylaxis - Non-Surgical 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 Response) (Selection Required)	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
( ) enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
( ) patients with CrCl LESS than 30 mL/min	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, 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) (Selection Required)	
( ) 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) (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

History of PE

<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) 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 Response) (Selection Required)	
( ) 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 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:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	

( ) 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 Studies

### Other Diagnostic Studies

[ ] ECG Pre/Post Op	Routine, Once Clinical Indications: Chest Pain Interpreting Physician: Post-op
---------------------	---

## Consults

For Physician Consult orders use sidebar

### Cardiac Rehabilitation Phase I HMH HMWB

[ ] Consult to Cardiac Rehab Phase 1	Routine, Once Clinical Indications: Status post PCI and/or angioplasty, Post-op
--------------------------------------	---

### Referral to Cardiac Rehabilitation Phase II HMSTJ ONLY (Single Response) (Selection Required)

Please unselect if patient does not meet requirements for Referral to Cardiac Rehab Phase II and select the order: "The patient will not be referred to cardiac rehab due to:" (a reason is required on this order).

(X) Referral to Cardiac Rehab Phase 2	Internal Referral I am referring my patient to outpatient Cardiac Rehabilitation for: Initial, Phase II (36 Sessions) prescription for Cardiac Rehabilitation. Medical justification required: s/p MI (last 12 months) s/p MI (last 12 mos) Date:
( ) The patient will not be referred to cardiac rehab due to:	The patient will not be referred to cardiac rehab due to:

## Additional Orders

### Discharge

#### Discharge Order

[ ] Discharge patient	Discharge at 12:00 AM Specific Destination: Is a readmission planned within 30 days?
-----------------------	--

#### Discontinue tubes/drains

[ ] Discontinue Foley catheter	Routine, Once, Scheduling/ADT
[ ] Discharge home with Foley catheter	Routine, Once, Scheduling/ADT
[ ] Discontinue IV	Routine, Once For 1 Occurrences, Scheduling/ADT
[ ] Deaccess port	
[ ] Deaccess Port-a-cath	Routine, Once, Scheduling/ADT
[ ] heparin, porcine (PF) 100 unit/mL injection	intra-catheter, once, Scheduling/ADT

#### Discharge Activity - REQUIRED

[ ] Activity as tolerated	Routine, Normal, Scheduling/ADT
[ ] Ambulate with assistance or assistive device	Routine, Normal, Scheduling/ADT
[ ] Lifting restrictions	Routine, Normal, Scheduling/ADT, No lifting over 10 pounds.
[ ] Weight bearing restrictions (specify)	Routine, Normal, Scheduling/ADT Weight Bearing Status: Extremity: ***

[ ] Moderate bedrest with complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
[ ] Complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
[ ] No driving for 2 days	Routine, Normal, Scheduling/ADT
[ ] Shower instructions:	Routine, Normal, Scheduling/ADT, ***
[ ] Discharge activity	Routine, Normal, Scheduling/ADT
[ ] Other restrictions (specify):	Routine, Normal, Scheduling/ADT, ***

#### Wound/Incision Care

[ ] Discharge wound care	Routine, Normal, Scheduling/ADT, ***
[ ] Discharge incision care	Routine, Normal, Scheduling/ADT, ***
[ ] Discharge dressing	Routine, Normal, Scheduling/ADT, ***

#### Discharge Diet - REQUIRED (Single Response)

( ) Discharge Diet	Routine, Normal, Scheduling/ADT Discharge Diet:
( ) Discharge Diet- Regular	Routine, Normal, Scheduling/ADT Discharge Diet: Regular

#### Patient to notify physician

[X] Call physician for:	Routine, Normal, Scheduling/ADT, Temperature greater than 100.5
[X] Call physician for: Persistent nausea or vomiting	Routine, Normal, Scheduling/ADT
[X] Call physician for: severe uncontrolled pain	Routine, Normal, Scheduling/ADT
[X] Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)	Routine, Normal, Scheduling/ADT
[X] Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Normal, Scheduling/ADT
[ ] Call physician for:	Routine, Normal, Scheduling/ADT, ***

#### Discharge Education

[ ] Nurse to provide discharge education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide patient education Scheduling/ADT
[ ] Nurse to provide tobacco cessation education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide tobacco cessation education Scheduling/ADT

#### Discharge Instructions

[ ] Additional discharge instructions for Patient	Routine, Normal, Scheduling/ADT, ***
[ ] Discharge instructions for Nursing- Will not show on AVS	Routine, Once ***, Scheduling/ADT

#### Place Follow-Up Order

[ ] Follow-up with me	Follow up with me: Clinic Contact: Follow up in: On date: Appointment Time:
[ ] Follow-up with primary care physician	Routine, Normal, Scheduling/ADT
[ ] Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:

<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with department	Details