

General

Elective Outpatient, Observation, or Admission (Single Response)

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

Admission or Observation (Single Response)

Patient has active 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.
() Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments:

Nursing

Vital Signs

[X] Vital signs - T/P/R/BP - Post Procedure	Routine, Every 15 min Vitals every 15 minutes until sheath is removed, -Then, every 15 minutes x 4 (2 hours), -Then, every 30 minutes x 4 (2 hours), -Then, every 1 hour until sheaths are removed, then vital signs per routine. -Vital Signs BEFORE each ambulation advancement and prior to discharge., PACU & Post-op
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<input type="checkbox"/> Pulse oximetry	Routine, Continuous Current FIO2 or Room Air: PACU & Post-op
Activity	
<input type="checkbox"/> Head of bed flat	Routine, Until discontinued, Starting S Head of bed: flat
<input type="checkbox"/> Elevate HOB (specify degrees)	Routine, Until discontinued, Starting S Head of bed: PACU & Post-op
<input type="checkbox"/> Patient position: log roll, keep affected extremity straight	Routine, Until discontinued, Starting S Position: Additional instructions: log roll Keep affected extremity straight for *** hours., PACU & Post-op
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S Modifier: Bathroom Privileges: after sheath removal and hemostasis achieved., PACU & Post-op
<input type="checkbox"/> Ambulate with assistance	Routine, Until discontinued, Starting S Specify: with assistance After bed rest period completed (Check vital signs and puncture/incision site(s) BEFORE each ambulation advancement): -Sit patient at side of bed for 5 minutes -Then, out of bed to chair for 15 minutes -Then, ambulate patient in room or at bedside. -After one hour of ambulation at bedside or room, may ambulate ad lib prior to discharge to ensure discharge criteria is met. PACU & Post-op
Cath Site Assessment	
<input checked="" type="checkbox"/> Assess cath site	Routine, Every 15 min Assess puncture/incision site for bleeding and/or hematoma every 15 minutes until sheath is removed, -Then, every 15 minutes for 2 hours -Then every 30 minutes for 2 hours -And BEFORE each ambulation advancement, PACU & Post-op
<input checked="" type="checkbox"/> POC ACT - Pre sheath removal	Every 30 min Pre sheath removal. Remove sheath when ACT is less than ***, PACU & Post-op
<input type="checkbox"/> Apply MANUAL pressure	Routine, Once Specify location: MANUAL pressure for sheath removal, PACU & Post-op
<input type="checkbox"/> Reinforce dressing	Routine, As needed Reinforce with: Apply reinforced pressure dressing to both femoral sites, PACU & Post-op
<input type="checkbox"/> Discontinue dressing	Routine, Once, Starting S+1 at 7:00 AM For 1 Occurrences Dressing location : PACU & Post-op

Nursing

"And" Linked Panel	
<input checked="" type="checkbox"/> Telemetry	
<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 PACU & 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 PACU & Post-op
<input type="checkbox"/> Saline lock IV	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> Discontinue IV	Routine, Once Prior to discharge, PACU & Post-op
<input type="checkbox"/> Bedside glucose	Routine, Once, PACU & Post-op
<input type="checkbox"/> Foley catheter - discontinue	Routine, Conditional Frequency When bed rest is complete, PACU & Post-op
<input type="checkbox"/> Post procedure site assessment	Routine, Once Procedure Site: Monitor distal pulses, PACU & Post-op

Notify

<input checked="" type="checkbox"/> Notify Physician	Routine, Until discontinued, Starting S, -For bleeding or hematoma -For Vagal Episodes -For SYMPTOMATIC heart rate less than 50 -For systolic blood pressure less than 90 mmHg, PACU & Post-op
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Diet

<input type="checkbox"/> Diet - Pre-Sheath Removal	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Until sheath (s) removed, PACU & Post-op
<input type="checkbox"/> Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op

<input type="checkbox"/> Diet - Carb Control Diabetic	Diet effective now, Starting S Diet(s): 2000 Kcal/225 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op
<input type="checkbox"/> Diet - Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op
<input type="checkbox"/> Diet - Renal	Diet effective now, Starting S Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K) Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op

Discharge Instructions and Smoking Cessation Education

<input type="checkbox"/> Discharge instructions	Routine, Once, PACU & Post-op
<input type="checkbox"/> Tobacco cessation education	Routine, Once, PACU & Post-op

IV Fluids

Peripheral IV Access

<input checked="" type="checkbox"/> Initiate and maintain IV	
<input type="checkbox"/> Insert peripheral IV	Routine, Once
<input type="checkbox"/> sodium chloride 0.9 % flush 10 mL	10 mL, intravenous, every 12 hours scheduled
<input type="checkbox"/> sodium chloride 0.9 % flush 10 mL	10 mL, intravenous, PRN, line care

IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	intravenous, continuous, Post-op
<input type="checkbox"/> dextrose 5% infusion	intravenous, continuous, Post-op

Medications

Warfarin (Single Response)

<input type="checkbox"/> Warfarin Management with Pharmacy Consult CPOE	
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences, Post-op
<input type="checkbox"/> Warfarin (COUMADIN) - NO Pharmacy Consult CPOE	
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Post-op Indication:

<input type="checkbox"/> Notify Physician for INR GREATER than 4	Routine, Until discontinued, Starting S BUN greater than: Creatinine greater than: Glucose greater than: Glucose less than: Hct less than: Hgb less than: LDL greater than: Magnesium greater than (mg/dL): Magnesium less than (mg/dL): Platelets less than: Potassium greater than (mEq/L): Potassium less than (mEq/L): PT/INR greater than: PT/INR less than: PTT greater than: PTT less than: Serum Osmolality greater than: Serum Osmolality less than: Sodium greater than: Sodium less than: WBC greater than: WBC less than: Other Lab (Specify): Post-op
<input type="checkbox"/> STAT CBC with platelet and differential	STAT For 1 Occurrences, Post-op
<input type="checkbox"/> STAT Prothrombin time with INR	STAT For 1 Occurrences, Post-op
<input type="checkbox"/> Routine Prothrombin time with INR - AM Draw	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> For SNF Units - Prothrombin time with INR every 7 days	Weekly, Starting S For Until specified, Post-op

Heparin (Single Response)

<input type="checkbox"/> Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses	STAT, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa
<input type="checkbox"/> Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE) - with titration boluses	STAT, Until discontinued, Starting S Heparin Indication: Specify: Give initial Bolus Monitoring: Anti-Xa

Aspirin and Enoxaparin (LOVENOX)

<input type="checkbox"/> aspirin chewable tablet	162 mg, oral, daily at 1700 (TIME CRITICAL), Post-op
<input type="checkbox"/> aspirin tablet	325 mg, oral, daily at 1700 (TIME CRITICAL), Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response)	
<input type="checkbox"/> CrCl greater than or equal to 30 mL/min	1 mg/kg, subcutaneous, every 12 hours scheduled, Post-op
<input type="checkbox"/> CrCl less than 30 mL/min	1 mg/kg, subcutaneous, daily at 1700 (TIME CRITICAL), Post-op

rivaroxaban (XARELTO) Oral Tablet (Single Response)

CrCl greater than 50 mL/min: 20 mg oral daily at 1700
CrCl 15-50 mL/min: 15 mg oral daily at 1700

<input type="checkbox"/> rivaroxaban (XARELTO) tablet	"And" Linked Panel
All orders for rivaroxaban (XARELTO) require a Pharmacy Consult. Do not remove the attached consult order.	
<input type="checkbox"/> rivaroxaban (XARELTO) tablet	15 mg, oral, daily at 1700 (TIME CRITICAL) Indications: Atrial Fibrillation
<input type="checkbox"/> Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: Atrial Fibrillation
<input type="checkbox"/> Basic metabolic panel	Once For 1 Occurrences

<input type="checkbox"/>	CBC hemogram	Once For 1 Occurrences
<input type="checkbox"/>	Prothrombin time with INR	Once For 1 Occurrences
<input type="checkbox"/>	Partial thromboplastin time, activated	Once For 1 Occurrences

dabigatran (PRADAXA) Oral Capsule (Single Response)

CrCl greater than 30 mL/min: 150 mg oral 2 times daily
 CrCl 15-30 mL/min: 75 mg oral 2 times daily

() dabigatran (PRADAXA) capsule "And" Linked Panel

All orders for dabigatran (PRADAXA) require a Pharmacy Consult. Do not remove the attached consult order.

<input type="checkbox"/>	dabigatran etexilate (PRADAXA) capsule	oral, 2 times daily Indications: Atrial Fibrillation
<input type="checkbox"/>	Pharmacy consult to monitor dabigatran (PRADAXA) therapy	STAT, Until discontinued, Starting S Indications: Atrial Fibrillation
<input type="checkbox"/>	Basic metabolic panel	Once For 1 Occurrences
<input type="checkbox"/>	CBC hemogram	Once For 1 Occurrences
<input type="checkbox"/>	Prothrombin time with INR	Once For 1 Occurrences
<input type="checkbox"/>	Partial thromboplastin time, activated	Once For 1 Occurrences

apixaban (ELIQUIS) Oral Tablet (Single Response)

1 or no risk factors: 5 mg oral 2 times daily
 2 or more risk factors: 2.5 mg oral 2 times daily

Risk Factors:

1. Age greater than or equal to 80
2. Weight less than or equal to 60 kg
3. SCr greater than or equal to 1.5 mg/dL

() apixaban (ELIQUIS) tablet "And" Linked Panel

All orders for apixaban (ELIQUIS) require a Pharmacy Consult. Do not remove the attached consult order.

<input type="checkbox"/>	apixaban (ELIQUIS) tablet	oral, 2 times daily Indications: Atrial Fibrillation
<input type="checkbox"/>	Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: Atrial Fibrillation
<input type="checkbox"/>	Basic metabolic panel	Once For 1 Occurrences
<input type="checkbox"/>	CBC hemogram	Once For 1 Occurrences
<input type="checkbox"/>	Prothrombin time with INR	Once For 1 Occurrences
<input type="checkbox"/>	Partial thromboplastin time, activated	Once For 1 Occurrences

GI Prophylaxis

<input type="checkbox"/>	sucralfate (CARAFATE) 100 mg/mL suspension	1 g, oral, 4 times daily with meals and nightly, Post-op
<input type="checkbox"/>	sucralfate (CARAFATE) tablet	1 g, oral, 4 times daily before meals and nightly, Post-op
<input type="checkbox"/>	pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600, Post-op Therapeutic Interchange for esomeprazole (NEXIUM) Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

PRN Chest Pain

<input type="checkbox"/>	morPHINE injection (Chest Pain)	2 mg, intravenous, every 15 min PRN, severe pain (score 7-10), chest pain, For 2 Doses, Post-op
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PRN Mild Pain (Pain Score 1-3) (Single Response)

(adjust dose for renal/liver function and age)

() acetaminophen (TYLENOL) tablet OR oral solution "Or" Linked Panel

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Maximum of 3 grams of acetaminophen per day from all sources. Give the tablet if the patient can tolerate oral medication. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/> acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot tolerate oral tablet.
<input type="checkbox"/> ibuprofen (MOTRIN) tablet OR oral solution	"Or" Linked Panel Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
<input type="checkbox"/> ibuprofen (ADVIL,MOTRIN) tablet	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
<input type="checkbox"/> ibuprofen (ADVIL,MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet.
<input type="checkbox"/> naproxen (NAPROSYN) tablet - Not recommended for patients with eGFR LESS than 30 mL/min.	250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op Not recommended for patients with eGFR LESS than 30 mL/min.

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

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

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[] HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.

[] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution 20 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient can not swallow tablet.

() traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op (Max Daily dose not to exceed 200 mg/day). Give if patient is able to tolerate oral medication.

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

() acetaminophen-codeine (TYLENOL #3) tablet OR elixir **"Or" Linked Panel**
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.

[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.

() HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir **"Or" Linked Panel**
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)

[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution 10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)

() traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours 25 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op (Max Daily dose not to exceed 200 mg/day) Give if patient is able to tolerate oral medication.

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

() fentaNYL (SUBLIMAZE) injection 25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Post-op
Use if patient is unable to swallow or faster onset is needed

() morphine 2 mg/mL injection 2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op
Use if patient is unable to swallow or faster onset is needed

() HYDROmorphine (DILAUDID) injection 0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op
Use if patient is unable to swallow or faster onset is needed

() ketorolac (TORADOL) IV (Single Response)
Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age.
WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

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|---|--|
| () For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection | 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) |
| () For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection | 30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) |

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

- | | |
|---|---|
| () fentaNYL (SUBLIMAZE) injection | 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Post-op
Use if patient is unable to swallow or faster onset is needed |
| () morphine 2 mg/mL injection | 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op
Use if patient is unable to swallow or faster onset is needed |
| () HYDROmorphine (DILAUDID) injection | 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op
Use if patient is unable to swallow or faster onset is needed |
| () ketorolac (TORADOL) injection - Do not use in patients with eGFR LESS than 30 mL/min. | 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), Post-op
Do not use in patients with eGFR LESS than 30 mL/min. Use if patient is unable to swallow or faster onset is needed. |

Oral for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

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

Oral for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

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

IV for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

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

IV for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

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

Antiemetics - HMMH, HMSJ, HMW, HMSTC, HMTW Only

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

Antiemetics - HMSL, HMWB Only

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

Antiemetics - HMSTJ Only

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

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

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
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Itching: For Patients between 70-76 years old (Single Response)

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
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Itching: For Patients LESS than 70 years old (Single Response)

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

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
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Medications "Other"

<input type="checkbox"/> atropine injection	0.5 mg, intravenous, PRN, SYMPTOMATIC heart rate less than 50, Post-op Call MD if findings do not resolve promptly
<input type="checkbox"/> ALPRAZolam (XANAX) tablet	0.25 mg, oral, 3 times daily PRN, anxiety, Post-op Indication(s): Anxiety
<input type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, for stool softener, Post-op RN may use second option based on the patient response to the first option attempted.
<input type="checkbox"/> bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation, Post-op RN may use second option based on the patient response to the first option attempted.
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, fever, temperature greater than 100° F, Post-op Maximum 3,000 mg of acetaminophen per 24 hours
<input type="checkbox"/> furosemide (LASIX) injection	intravenous, once, For 1 Doses, Post-op
<input type="checkbox"/> ranolazine (RANEXA) 12 hr tablet	500 mg, oral, 2 times daily, Post-op
<input type="checkbox"/> colchicine tablet	0.3 mg, oral, 2 times daily, 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)

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)

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

"And" Linked Panel

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

"And" Linked Panel

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

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

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device **"And" Linked Panel**

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 **"And" Linked Panel**

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:

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)

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)

<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

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

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

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

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

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

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

LOW Risk of DVT (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

Moderate Risk (Selection Required)

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

"And" Linked Panel

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

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)

<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

Labs

Laboratory Today

<input type="checkbox"/> CBC with platelet and differential	Once, PACU & Post-op
<input type="checkbox"/> Basic metabolic panel	Once, PACU & Post-op
<input type="checkbox"/> Troponin	Once, PACU & Post-op

Laboratory in AM

<input type="checkbox"/> CBC with platelet and differential	AM draw For 1 Occurrences, PACU & Post-op
<input type="checkbox"/> Basic metabolic panel	AM draw For 1 Occurrences, PACU & Post-op
<input type="checkbox"/> Prothrombin time with INR	AM draw For 1 Occurrences, PACU & Post-op
<input type="checkbox"/> B natriuretic peptide	AM draw For 1 Occurrences, PACU & Post-op
<input type="checkbox"/> Anti Xa, low molecular weight	Conditional Frequency Heparin Name: Lovenox One activation 4 hours after morning dose of enoxaparin, PACU & Post-op

Cardiology

Cardiology

<input type="checkbox"/> Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging By Cardiology Department only, PACU & Post-op
<input type="checkbox"/> ECG 12 lead	STAT, Once Clinical Indications: Cardiac Arrhythmia Interpreting Physician: PACU & Post-op
<input type="checkbox"/> ECG 12 lead	Routine, Once, Starting S+1 For 1 Occurrences Clinical Indications: Cardiac Arrhythmia Interpreting Physician: In morning, Post-op
<input type="checkbox"/> ECG 12 lead	Routine, Conditional Frequency For 10 Occurrences Clinical Indications: Other: Other: For recurrent atrial fibrillation or change in rhythm or chest pain Interpreting Physician: PACU & Post-op

Imaging

Diagnostic X-Ray

<input type="checkbox"/> Chest 1 Vw Portable	Routine, 1 time imaging, Starting S+1 For 1 Occurrences Tomorrow AM, Post-op
<input type="checkbox"/> Chest 2 Vw	Routine, 1 time imaging, Starting S+1 at 5:00 AM For 1 Tomorrow morning, Post-op

Respiratory

Consults

Discharge

Discharge Order (Single Response)

<input type="checkbox"/> Discharge patient when criteria met	Routine, Once Discharge Criteria: Scheduling/ADT
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Discontinue tubes/drains

<input type="checkbox"/>	Discontinue Foley catheter	Routine, Once, Scheduling/ADT
<input type="checkbox"/>	Discharge home with Foley catheter	Routine, Once, Scheduling/ADT
<input type="checkbox"/>	Discontinue IV	Routine, Once For 1 Occurrences, Scheduling/ADT
<input type="checkbox"/>	Deaccess port	
<input type="checkbox"/>	Deaccess Port-a-cath	Routine, Once, Scheduling/ADT
<input type="checkbox"/>	heparin, porcine (PF) 100 unit/mL injection	intra-catheter, once, Scheduling/ADT

Discharge Activity - REQUIRED

<input type="checkbox"/>	Activity as tolerated	Routine, Normal, Scheduling/ADT
<input type="checkbox"/>	Ambulate with assistance or assistive device	Routine, Normal, Scheduling/ADT
<input type="checkbox"/>	Lifting restrictions	Routine, Normal, Scheduling/ADT, No lifting over 10 pounds.
<input type="checkbox"/>	Weight bearing restrictions (specify)	Routine, Normal, Scheduling/ADT Weight Bearing Status: Extremity: ***
<input type="checkbox"/>	Moderate bedrest with complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
<input type="checkbox"/>	Complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
<input type="checkbox"/>	No driving for 2 days	Routine, Normal, Scheduling/ADT
<input type="checkbox"/>	Shower instructions:	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/>	Discharge activity	Routine, Normal, Scheduling/ADT
<input type="checkbox"/>	Other restrictions (specify):	Routine, Normal, Scheduling/ADT, ***

Wound/Incision Care

<input type="checkbox"/>	Discharge wound care	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/>	Discharge incision care	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/>	Discharge dressing	Routine, Normal, Scheduling/ADT, ***

Discharge Diet - REQUIRED (Single Response)

<input type="checkbox"/>	Discharge Diet	Routine, Normal, Scheduling/ADT Discharge Diet:
<input type="checkbox"/>	Discharge Diet- Regular	Routine, Normal, Scheduling/ADT Discharge Diet: Regular

Patient to notify physician

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

Discharge Education

<input type="checkbox"/>	Nurse to provide discharge education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide patient education Scheduling/ADT
<input type="checkbox"/>	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

<input type="checkbox"/> Additional discharge instructions for Patient	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge instructions for Nursing- Will not show on AVS	Routine, Once ***, Scheduling/ADT

Place Follow-Up Order

<input type="checkbox"/> Follow-up with me	Follow up with me: Clinic Contact: Follow up in: On date: Appointment Time:
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<input type="checkbox"/> Follow-up with primary care physician	Routine, Normal, Scheduling/ADT
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<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
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<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
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<input type="checkbox"/> Follow-up with department	Details
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