

## General

## Admission (Single Response) (Selection Required)

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Admit to Inpatient | Diagnosis:<br>Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. |
|--|--|

## Nursing

## Nursing

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| <input type="checkbox"/> Vital signs - T/P/R/BP - Per Unit Protocol                    | Routine, Per unit protocol, Post-op  |
| <input type="checkbox"/> Vital signs - T/P/R/BP  | Routine, Every 15 min<br>Every 15 mins x 4, then every 30 mins x 4, then every hour x 4, then every 4 hours., Post-op  |
| <input type="checkbox"/> Vital signs - T/P/R/BP - If Closure Device                    | Routine, Every 15 min<br>If Closure Device Used - Every 15 mins x 2, then every 30 mins until discharge., Post-op  |
| <input checked="" type="checkbox"/> Peripheral vascular assessment                     | Routine, Once<br>Observe for bleeding and hematoma and check radial and pedal pulses of extremity used for access per post catheterization routine., Post-op   |
| <input checked="" type="checkbox"/> ECG rhythm assessment                              | Routine, Every 8 hours For Until specified, Post-op  |
| <input type="checkbox"/> Verify pacemaker settings (mode and backup rate)              | Routine, Once<br>Upon admission, verify pacemaker settings (mode and backup rate), Post-op   |
| <input checked="" type="checkbox"/> Telemetry  | <b>"And" Linked Panel</b>  |
| <input checked="" type="checkbox"/> Telemetry monitoring                               | Routine, Continuous<br>Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)<br>Reason for telemetry: Post-op catheter-based cardiac procedure<br>Can be off of Telemetry for tests and baths? Yes                                |
| <input checked="" type="checkbox"/> Telemetry Additional Setup Information             | Routine, Continuous<br>High Heart Rate (BPM): 120<br>Low Heart Rate(BPM): 50<br>High PVC's (per minute): 10<br>High SBP(mmHg): 175<br>Low SBP(mmHg): 100<br>High DBP(mmHg): 95<br>Low DBP(mmHg): 40<br>Low Mean BP: 60<br>High Mean BP: 120<br>Low SPO2(%): 94 |
| <input type="checkbox"/> Notify telemetry of presence of temporary/permanent pacemaker | Routine, Once For 1 Occurrences, Post-op   |
| <input type="checkbox"/> Maintain IV access  | Routine, Until discontinued, Starting S, Post-op   |
| <input type="checkbox"/> Discontinue IV  | Routine, Once, Post-op   |
| <b>Activity</b>  |  |
| <input checked="" type="checkbox"/> Strict bed rest                                    | Routine, Until discontinued, Starting S<br>Keep affected limb straight for 2 hours., Post-op   |

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| <input checked="" type="checkbox"/> Ambulate                       | Routine, Daily For 4 Occurrences<br>Specify: with assistance,in hall<br>Ambulate patient after 2 hours. Okay to ambulate patient with internal jugular pacemaker., Post-op   |
| <input type="checkbox"/> Activity as tolerated - if closure device | Routine, Until discontinued, Starting S<br>Specify: Activity as tolerated<br>If Closure Device Used - post sheath removal- begin progressive activity to ambulation, Post-op |
| <input type="checkbox"/> Activity as tolerated - radial approach   | Routine, Until discontinued, Starting S<br>Specify:<br>Radial approach: activity as tolerated after *** hours., Post-op  |

### Notify

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| <input checked="" type="checkbox"/> Notify Physician if pulses absent or diminished.   | Routine, Until discontinued, Starting S, Pulses absent or diminished., Post-op   |
| <input checked="" type="checkbox"/> Notify Physician if chest pain unrelieved with nitroglycerin.  | Routine, Until discontinued, Starting S, Chest pain unrelieved with nitroglycerin., Post-op  |
| <input checked="" type="checkbox"/> Notify Physician if platelets less than 100,000  | Routine, Until discontinued, Starting S, Platelets less than 100,000., Post-op   |
| <input checked="" type="checkbox"/> Notify Physician of complete heart block (on telemetry)  | Routine, Until discontinued, Starting S For Until specified, Complete heart block (on telemetry)., Post-op   |
| <input checked="" type="checkbox"/> Notify Physician if patient has a temporary/permanent pacemaker with 'failure to capture' (on telemetry) | Routine, Until discontinued, Starting S For Until specified, If patient has a temporary/permanent pacemaker with 'failure to capture' (on telemetry)., Post-op |
| <input checked="" type="checkbox"/> Notify Physician prior to discharge.   | Routine, Until discontinued, Starting S, Prior to discharge., Post-op  |

### Pre-sheath(s) Removal Diet

|                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Diet - | Diet effective now, Starting S<br>Diet(s): Clear Liquids<br>Advance Diet as Tolerated? Yes<br>Target Diet:<br>Advance target diet criteria:<br>Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:<br>Until sheath(s) removed., Post-op |
|---------------------------------|--|

### Post-sheath(s) Removal Diet (Single Response)

|   |   |
|---|---|
| <input type="checkbox"/> Diet - Clear Liquids                 | Diet effective now, Starting S<br>Diet(s): Clear Liquids<br>Advance Diet as Tolerated?<br>Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:<br>Post-op   |
| <input type="checkbox"/> Diet - 1800 Kcal/202 gm Carbohydrate | Diet effective now, Starting S<br>Diet(s): Other Diabetic/Cal<br>Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate<br>Advance Diet as Tolerated?<br>Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:<br>Post-op |
| <input checked="" type="checkbox"/> Diet - Heart Healthy      | Diet effective now, Starting S<br>Diet(s): Heart Healthy<br>Advance Diet as Tolerated?<br>Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:<br>Post-op   |

## Education

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Tobacco cessation education | Routine, Once, Post-op  |
| <input checked="" type="checkbox"/> Patient education (specify) | Routine, Once<br>Patient/Family: Patient<br>Education for: Other (specify)<br>Specify: Inform nurse of numbness/tingling in extremity, chest pain, Shortness Of Breath or any discomfort or bleeding at the site<br>Post-op |

## IV Fluids

### IV Fluids

|   |  |
|---|--|
| <input type="checkbox"/> sodium chloride 0.9 % bolus                | 500 mL, intravenous, once, Post-op<br>For systolic BP less than 100 and/or increase in heart rate of 20 BPM or decrease in SBP of 20 mmHG. |
| <input type="checkbox"/> sodium chloride 0.45 % infusion            | 1,000 mL, intravenous, at 150 mL/hr, for 10 Hours, continuous, Post-op   |
| <input type="checkbox"/> sodium chloride 0.9 % infusion             | 1,000 mL, intravenous, at 150 mL/hr, for 10 Hours, continuous, Post-op   |
| <input type="checkbox"/> dextrose 5%-0.45% sodium chloride infusion | intravenous, at 150 mL/hr, for 10 Hours, continuous, Post-op   |
| <input type="checkbox"/> dextrose 5%-0.9% sodium chloride infusion  | intravenous, at 150 mL/hr, for 10 Hours, continuous, Post-op   |

## Medications

### Mild Pain (Pain Score 1-3)

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

### 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 |
| <input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg tablet   | 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op |

### 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   |
| <input type="checkbox"/> fentaNYL (SUBLIMAZE) injection | 25 mcg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op |

### Beta-Blockers (Single Response)

|   |  |
|---|--|
| <input type="checkbox"/> metoprolol tartrate (LOPRESSOR) tablet           | 25 mg, oral, 2 times daily at 0600, 1800, Post-op<br>HOLD parameters for this order:<br>Contact Physician if:    |
| <input type="checkbox"/> metoprolol succinate XL (TOPROL-XL) 24 hr tablet | 25 mg, oral, daily, Post-op<br>HOLD parameters for this order:<br>Contact Physician if:                          |
| <input type="checkbox"/> carvedilol (COREG) tablet                        | 3.125 mg, oral, 2 times daily at 0600, 1800, Post-op<br>HOLD parameters for this order:<br>Contact Physician if: |

### Nitrates

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|--|--|
| <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<br>Post-Op<br>HOLD parameters for this order:<br>Contact Physician if: |

|                          |   |  |
|--------------------------|---|--|
| <input type="checkbox"/> | isosorbide mononitrate (IMDUR) 24 hr tablet | oral, daily, Post-op<br>Post-Op<br>HOLD parameters for this order:<br>Contact Physician if:                          |
| <input type="checkbox"/> | nitroglycerin (NITRODUR) 24 hr patch        | transdermal, daily, Post-op<br>Post-Op   |
| <input type="checkbox"/> | nitroglycerin (NITROSTAT) 2% ointment       | 1 inch, Topical, every 6 hours scheduled, Post-op<br>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,<br>Post-op<br>Post-Op. Call provider after third dose. |

#### Anti-Platelet Agents

|                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/>            | ticagrelor (BRILINTA) tablet                       | 90 mg, oral, 2 times daily, Post-op   |
| <input checked="" type="checkbox"/> | aspirin (ECOTRIN) enteric coated tablet            | 81 mg, oral, daily, Post-op   |
| <input type="checkbox"/>            | aspirin (ECOTRIN) enteric coated tablet            | 325 mg, oral, daily, Post-op  |
| <input type="checkbox"/>            | clopidogrel (PLAVIX) tablet                        | 300 mg, oral, once, For 1 Doses, Post-op  |
| <input checked="" type="checkbox"/> | clopidogrel (PLAVIX) tablet                        | 75 mg, oral, once, S+1 at 9:00 AM, For 1 Doses, Post-op                                 |
| <input type="checkbox"/>            | prasugrel (EFFIENT) + consult (Selection Required) | <b>"And" Linked Panel</b>   |
| <input type="checkbox"/>            | prasugrel (EFFIENT) tablet                         | oral, daily   |
| <input type="checkbox"/>            | prasugrel (EFFIENT) consult                        | STAT, Once For 1 Occurrences<br>Which drug do you need help dosing? prasugrel (EFFIENT) |

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

|                          |                               |                               |
|--------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> | atorvastatin (LIPITOR) tablet | 40 mg, oral, nightly, Post-op |
| <input type="checkbox"/> | simvastatin (ZOCOR) tablet    | 40 mg, oral, nightly, Post-op |

#### Anti-Anginal

|                          |                                  |                                      |
|--------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> | ranolazine (RANEXA) 12 hr tablet | 500 mg, oral, 2 times daily, Post-op |
|--------------------------|----------------------------------|--------------------------------------|

#### For Sheath(s) Pull Only

|                          |                              |  |
|--------------------------|------------------------------|--|
| <input type="checkbox"/> | atropine injection           | 0.5 mg, intravenous, once PRN, for heart rate LESS than 55<br>beats per minute., Post-op |
| <input type="checkbox"/> | diazepam (VALIUM) injection  | 1 mg, intravenous, once PRN, sedation, Post-op<br>Indication:                            |
| <input type="checkbox"/> | midazolam (VERSED) injection | 1 mg, intravenous, once PRN, sedation, Post-op<br>Indication(s):                         |

#### Antiemetics - HMSL and HMWB Only

|                                     |  |   |
|-------------------------------------|--|---|
| <input checked="" type="checkbox"/> | ondansetron (ZOFTRAN) IV or Oral (Selection Required)  | <b>"Or" Linked Panel</b>  |
| <input checked="" type="checkbox"/> | ondansetron ODT (ZOFTRAN-ODT)<br>disintegrating tablet   | 4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op<br>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<br>Give if patient is UNable to tolerate oral medication OR if a faster onset of<br>action is required.   |
| <input checked="" type="checkbox"/> | promethazine (PHENERGAN) IV or Oral or Rectal  | <b>"Or" Linked Panel</b>  |
| <input checked="" type="checkbox"/> | promethazine (PHENERGAN) 12.5 mg in<br>sodium chloride 0.9 % 0.9 % 20 mL for<br>Alaris pump syringe option | 12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN,<br>nausea, vomiting, Post-op<br>Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to<br>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<br>Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate<br>oral medication.   |
| <input checked="" type="checkbox"/> | promethazine (PHENERGAN) suppository   | 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op<br>Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to<br>tolerate oral medication.   |

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

|                                     |   |                          |
|-------------------------------------|---|--------------------------|
| <input checked="" type="checkbox"/> | ondansetron (ZOFTRAN) IV or Oral (Selection Required) | <b>"Or" Linked Panel</b> |
|-------------------------------------|---|--------------------------|

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

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

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

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

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

#### Other Medications

docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily PRN, constipation, Post-op  
 magnesium hydroxide suspension 30 mL, oral, 4 times daily PRN, indigestion, Post-op

## VTE

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

URL: "\appt1.pdf"

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Routine, Once  
 No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  
 Therapy for the following:  
 PACU & Post-op

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<br>Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation<br>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 **"And" Linked Panel**  
BUT order Sequential compression device

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

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
|--|-------------------------------------|

- Contraindications exist for pharmacologic prophylaxis **"And" Linked Panel**  
AND mechanical prophylaxis

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

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

- 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<br>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<br>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<br>For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min |

|  |  |
|--|--|
| <input type="checkbox"/> fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op<br>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.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| <input type="checkbox"/> heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op   |
| <input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)   | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.   |
| <input type="checkbox"/> warfarin (COUMADIN) tablet  | oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op<br>Indication:   |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)   |  |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>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)  |  |
| <p>Moderate Risk Definition</p> <p>Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.</p> <p>One or more of the following medical conditions:</p> <p>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</p> <p>Age 60 and above</p> <p>Central line</p> <p>History of DVT or family history of VTE</p> <p>Anticipated length of stay GREATER than 48 hours</p> <p>Less than fully and independently ambulatory</p> <p>Estrogen therapy</p> <p>Moderate or major surgery (not for cancer)</p> <p>Major surgery within 3 months of admission</p> |  |
| <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)   |  |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device   | <b>"And" Linked Panel</b>  |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op  |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous   | Routine, Continuous, PACU & Post-op  |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis  | <b>"And" Linked Panel</b>  |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op  |

|  |  |
|--|--|
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op   |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response)<br>(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<br>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<br>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<br>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<br>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<br>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<br>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<br>Indication:   |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)   |  |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op   |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous   | Routine, Continuous, PACU & Post-op  |
| <input type="checkbox"/> HIGH Risk of DVT - Surgical (Selection Required)  |  |
| High Risk Definition<br>Both pharmacologic AND mechanical prophylaxis must be addressed.<br>One or more of the following medical conditions:<br>Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)<br>Severe fracture of hip, pelvis or leg<br>Acute spinal cord injury with paresis<br>Multiple major traumas<br>Abdominal or pelvic surgery for CANCER<br>Acute ischemic stroke<br>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 - Surgical Patient<br>(Single Response) (Selection Required)  |  |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op  |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response)<br>(Selection Required)  |  |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1   |



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| ( ) patients with CrCL LESS than 30 mL/min   | 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1<br>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<br>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<br>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<br>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.<br>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<br>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<br>Indication:  |
| ( ) Pharmacy consult to manage warfarin (COUMADIN)   | STAT, Until discontinued, Starting S<br>Indication:   |
| [ ] Mechanical Prophylaxis (Single Response) (Selection Required)  |   |
| ( ) Contraindications exist for mechanical prophylaxis   | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>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<br>Both pharmacologic AND mechanical prophylaxis must be addressed.<br>One or more of the following medical conditions:<br>Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)<br>Severe fracture of hip, pelvis or leg<br>Acute spinal cord injury with paresis<br>Multiple major traumas<br>Abdominal or pelvic surgery for CANCER<br>Acute ischemic stroke<br>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<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>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<br>For Patients with CrCL LESS than 30 mL/min  |

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| <input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min  | 30 mg, subcutaneous, 2 times daily, Starting S<br>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<br>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<br>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.<br>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   |
| <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<br>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)<br>Indication:   |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |
| [ ] Mechanical Prophylaxis (Single Response) (Selection Required)  |  |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op   |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous   | Routine, Continuous, PACU & Post-op  |
| <input type="checkbox"/> HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)   |  |
| High Risk Definition<br>Both pharmacologic AND mechanical prophylaxis must be addressed.<br>One or more of the following medical conditions:<br>Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)<br>Severe fracture of hip, pelvis or leg<br>Acute spinal cord injury with paresis<br>Multiple major traumas<br>Abdominal or pelvic surgery for CANCER<br>Acute ischemic stroke<br>History of PE |  |
| [ ] High Risk (Selection Required)   |  |
| <input type="checkbox"/> High risk of VTE  | Routine, Once, PACU & Post-op  |
| [ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)   |  |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op  |
| <input type="checkbox"/> apixaban (ELIQUIS) tablet   | 2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:   |
| <input type="checkbox"/> aspirin chewable tablet   | 162 mg, oral, daily, Starting S+1  |
| <input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet   | 162 mg, oral, daily, Starting S+1  |
| <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"/> enoxaparin (LOVENOX) syringe  | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1   |

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| ( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min   | 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1<br>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<br>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<br>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<br>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<br>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<br>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<br>To be Given on Post Op Day 1.<br>Indications:  |
| ( ) warfarin (COUMADIN) tablet  | oral, daily at 1700 (TIME CRITICAL), Starting S+1<br>Indication:   |
| ( ) Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |
| [ ] Mechanical Prophylaxis (Single Response) (Selection Required)   |  |
| ( ) Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op   |
| ( ) Place/Maintain sequential compression device continuous   | Routine, Continuous, PACU & Post-op  |

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

URL: "\appt1.pdf"

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| ( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |
| ( ) LOW Risk of DVT (Selection Required)   |  |
| Low Risk Definition<br>Age less than 60 years and NO other VTE risk factors                |  |
| [ ] Low Risk (Single Response) (Selection Required)  |  |
| ( ) Low risk of VTE  | Routine, Once<br>Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation<br>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):  
PACU & Post-op

Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op

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):  
PACU & Post-op

Contraindications exist for mechanical prophylaxis Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):  
PACU & Post-op

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

heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op

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|---|--|
| <input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| <input type="checkbox"/> warfarin (COUMADIN) tablet   | oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op<br>Indication:   |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)   | STAT, Until discontinued, Starting S<br>Indication:  |
| [ ] Mechanical Prophylaxis (Single Response) (Selection Required)   |  |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis   | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>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<br>Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.<br>One or more of the following medical conditions:<br>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<br>Age 60 and above<br>Central line<br>History of DVT or family history of VTE<br>Anticipated length of stay GREATER than 48 hours<br>Less than fully and independently ambulatory<br>Estrogen therapy<br>Moderate or major surgery (not for cancer)<br>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 - Non-Surgical Patient (Single Response) (Selection Required)   |  |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device  | <b>"And" Linked Panel</b>  |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis  | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op  |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous  | Routine, Continuous, PACU & Post-op  |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis   | <b>"And" Linked Panel</b>  |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis  | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op  |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis   | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op   |
| <input type="checkbox"/> 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<br>For Patients with CrCL LESS than 30 mL/min   |

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| <input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min  | 30 mg, subcutaneous, 2 times daily, Starting S<br>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<br>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<br>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<br>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<br>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<br>Indication:   |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)   |  |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op   |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous   | Routine, Continuous, PACU & Post-op  |
| <input type="checkbox"/> HIGH Risk of DVT - Surgical (Selection Required)  |  |
| High Risk Definition<br>Both pharmacologic AND mechanical prophylaxis must be addressed.<br>One or more of the following medical conditions:<br>Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)<br>Severe fracture of hip, pelvis or leg<br>Acute spinal cord injury with paresis<br>Multiple major traumas<br>Abdominal or pelvic surgery for CANCER<br>Acute ischemic stroke<br>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 - Surgical Patient (Single Response) (Selection Required)   |  |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op  |
| <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<br>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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min   |

|  |   |
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| <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<br>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, Starting S+1, PACU & Post-op<br>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.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| <input type="checkbox"/> heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op  |
| <input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)   | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.  |
| <input type="checkbox"/> warfarin (COUMADIN) tablet  | oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op<br>Indication:  |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:   |
| [ ] Mechanical Prophylaxis (Single Response) (Selection Required)  |   |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op  |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous   | Routine, Continuous, PACU & Post-op   |
| <input type="checkbox"/> HIGH Risk of DVT - Non-Surgical (Selection Required)  |   |
| High Risk Definition<br>Both pharmacologic AND mechanical prophylaxis must be addressed.<br>One or more of the following medical conditions:<br>Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)<br>Severe fracture of hip, pelvis or leg<br>Acute spinal cord injury with paresis<br>Multiple major traumas<br>Abdominal or pelvic surgery for CANCER<br>Acute ischemic stroke<br>History of PE |   |
| [ ] High Risk (Selection Required)   |   |
| <input type="checkbox"/> High risk of VTE  | Routine, Once, PACU & Post-op   |
| [ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)  |   |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op   |
| <input type="checkbox"/> 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<br>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<br>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<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min   |

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| <input type="checkbox"/> fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily<br>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.<br>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   |
| <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<br>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)<br>Indication:   |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)   |  |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op   |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous   | Routine, Continuous, PACU & Post-op  |
| <input type="checkbox"/> HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)   |  |
| High Risk Definition<br>Both pharmacologic AND mechanical prophylaxis must be addressed.<br>One or more of the following medical conditions:<br>Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)<br>Severe fracture of hip, pelvis or leg<br>Acute spinal cord injury with paresis<br>Multiple major traumas<br>Abdominal or pelvic surgery for CANCER<br>Acute ischemic stroke<br>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)  |  |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op  |
| <input type="checkbox"/> apixaban (ELIQUIS) tablet   | 2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:   |
| <input type="checkbox"/> aspirin chewable tablet   | 162 mg, oral, daily, Starting S+1  |
| <input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet   | 162 mg, oral, daily, Starting S+1  |
| <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"/> enoxaparin (LOVENOX) syringe  | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1   |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min   | 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1<br>For Patients with CrCL LESS than 30 mL/min.  |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min   | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.  |



|  |  |
|--|--|
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min          | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1<br>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, Starting S+1<br>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<br>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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.   |
| <input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission                               | 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1<br>To be Given on Post Op Day 1.<br>Indications:  |
| <input type="checkbox"/> warfarin (COUMADIN) tablet  | oral, daily at 1700 (TIME CRITICAL), Starting S+1<br>Indication:   |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)   |  |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op   |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous   | Routine, Continuous, PACU & Post-op  |

## Labs

### Labs in 4 hours

|  |   |
|--|---|
| <input type="checkbox"/> Basic metabolic panel     | Once, Starting H+4 Hours<br>In 4 hr., Post-op                                     |
| <input type="checkbox"/> Troponin                  | Now then every 3 hours, Starting H+4 Hours For 3 Occurrences<br>In 4 hr., Post-op |
| <input type="checkbox"/> Prothrombin time with INR | Once, Starting H+4 Hours<br>In 4 hr., Post-op                                     |
| <input type="checkbox"/> CBC with differential     | Once, Starting H+4 Hours<br>In 4 hr., Post-op                                     |

### Labs Tomorrow

|   |                                    |
|---|------------------------------------|
| <input checked="" type="checkbox"/> Basic metabolic panel | AM draw For 1 Occurrences, Post-op |
| <input checked="" type="checkbox"/> CBC with differential | AM draw For 1 Occurrences, Post-op |
| <input checked="" type="checkbox"/> B natriuretic peptide | AM draw For 1 Occurrences, Post-op |
| <input type="checkbox"/> Lipid panel                      | AM draw For 1 Occurrences, Post-op |
| <input type="checkbox"/> Troponin I                       | AM draw For 1 Occurrences, Post-op |
| <input type="checkbox"/> Prothrombin time with INR        | AM draw For 1 Occurrences, Post-op |

## Other Studies

### Diagnostic Studies

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Transthoracic Echocardiogram Complete, (w contrast, Strain and 3D if needed) | Routine, 1 time imaging, Starting S+1 For 1 Occurrences, Post-op   |
| <input checked="" type="checkbox"/> XR Chest 1 Vw Portable   | Routine, Conditional Frequency, Starting S For 1 Occurrences<br>Perform same day if temporary pacing wire is inserted, Post-op |

|   |  |
|---|--|
| <input checked="" type="checkbox"/> ECG Pre/Post Op (PRN)                           | Routine, As needed, Starting S For 3 Occurrences<br>Clinical Indications: Chest Pain<br>Interpreting Physician:<br>Ordering cardiologist to interpret EKG, Post-op |
| <input checked="" type="checkbox"/> ECG Pre/Post Op TIMED at 0400 For 3 Occurrences | Timed, Once For 3 Occurrences<br>Clinical Indications: Post-Op Surgery<br>Interpreting Physician:<br>In AM, ordering cardiologist to interpret EKG., Post-op       |
| <input type="checkbox"/> ECG Pre/Post Op (STAT)                                     | STAT, Once<br>Clinical Indications: Post-Op Surgery<br>Interpreting Physician:<br>Ordering cardiologist to interpret EKG, Post-op                                  |
| <input type="checkbox"/> ECG 12 lead (on arrival to unit)                           | Routine, Once For 1 Occurrences<br>Clinical Indications:<br>Interpreting Physician:<br>Ordering cardiologist to interpret EKG, Post-op                             |

## Consults

### Consults

|  |   |
|--|---|
| <input checked="" type="checkbox"/> Consult to Cardiac Rehab Phase 1 | Routine, Once<br>Clinical Indications: PCI<br>Post-op |
|--|---|