

General

Elective Outpatient or Admission (Single Response)

<input type="checkbox"/> 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
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Admission or Observation (Single Response)

Patient has active status order on file

<input type="checkbox"/> 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
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Nursing

Vitals

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 15 min Nurse to reschedule vitals: -Every 15 Minutes for 4 Times (First 1 Hour) -Then, every 1 Hour for 4 Times (Next 4 Hours) -Then, every 4 Hours for 4 Times (Next 16 Hours), PACU & Post-op
<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol, PACU & Post-op

Activity - Post Sheath Removal

<input type="checkbox"/> Head of bed	Routine, Until discontinued, Starting S Head of bed: PACU & Post-op
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S Modifier: Bathroom Privileges: PACU & Post-op
<input type="checkbox"/> Strict bed rest - Implant	Routine, Until discontinued, Starting S If sheath(s) present, keep affected limb straight until **hours post sheath removal., PACU & Post-op

Telemetry

<input checked="" type="checkbox"/> Telemetry	"And" Linked Panel
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<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
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<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
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Assessments - Site and Pulses

<input checked="" type="checkbox"/> Assess operative site	Routine, Every 15 min -Every 15 Minutes for 4 Times (First 1 Hour) -Then, every 30 Minutes for 4 Times (Next 2 Hours) -Then, every 4 Hours -DO NOT remove dressing -Notify Provider if dressing becomes saturated or soiled, PACU & Post-op
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<input type="checkbox"/> Pulse checks	Routine, Every 15 min Pulses to assess: Side: If an arterial and venous sheath have been placed, check pulses in affected limb: -Every 15 Minutes for 4 Times (First 1 Hour) -Then, every 1 Hour for 4 Times (Next 4 Hours) -Then, every 4 Hours for 4 Times (Next 16 Hours), PACU & Post-op
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Interventions

<input type="checkbox"/> Foley catheter - discontinue	Routine, Once Remove when bedrest is discontinued, PACU & Post-op
<input type="checkbox"/> Remove sheath	Add-On, Once Now, PACU & Post-op
<input type="checkbox"/> Remove sheath	Routine, Once When ACT is less than ***, PACU & Post-op
<input type="checkbox"/> Remove sheath	Routine, Once *** hours after procedure, PACU & Post-op

Diet

<input type="checkbox"/> Heart Healthy Diet-Post Sheath Removal	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op
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<input type="checkbox"/> Diet - 2000 Carb Control Diet-Post Sheath Removal	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"/> Regular Diet-Post Sheath Removal	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"/> Clear Liquid 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"/> NPO except meds	Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options: PACU & Post-op

Tobacco Education

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

Peripheral IV Access

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

IV Fluids (Single Response)

<input type="checkbox"/> dextrose 5% infusion	intravenous, continuous, PACU & Post-op
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Medications

Postop Antibiotics (Single Response)

<input checked="" type="checkbox"/> vancomycin (VANCOGIN) IVPB	15 mg/kg, intravenous, once, S at 7:00 PM, For 1 Doses, PACU & Post-op Postop antibiotic. Give 12 hours after the first administration. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> For Severe Beta-Lactam Allergy - aztreonam (AZACTAM) IV plus vancomycin (VANCOGIN) IV	
<input type="checkbox"/> aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours, For 3 Doses, PACU & Post-op PACU/Postop antibiotic Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOGIN) IV	15 mg/kg, intravenous, once, For 1 Doses, PACU & Post-op PACU/Postop antibiotic Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> For Vancomycin Allergy - ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	
<input type="checkbox"/> ceFAZolin (ANCEF) IV	2 g, intravenous, every 8 hours, For 3 Doses, PACU & Post-op Reason for Therapy: Surgical Prophylaxis

() For Vancomycin Allergy - ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg

ceFAZolin (ANCEF) IV 3 g, intravenous, every 8 hours, For 3 Doses, PACU & Post-op
Reason for Therapy: Surgical Prophylaxis

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

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

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

acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), PACU & Post-op
Maximum of 3 grams of acetaminophen per day from all sources. Give the tablet if the patient can tolerate oral medication. (Cirrhosis patients maximum: 2 grams per day from all sources)

acetaminophen (TYLENOL)suspension 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), PACU & 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.

() ibuprofen (MOTRIN) tablet OR oral solution **"Or" Linked Panel**

Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.

ibuprofen (ADVIL,MOTRIN) tablet 600 mg, oral, every 6 hours PRN, mild pain (score 1-3)
Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.

ibuprofen (ADVIL,MOTRIN) 100 mg/5 mL suspension 600 mg, oral, every 6 hours PRN, mild pain (score 1-3)
Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet.

() 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), PACU & 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)

() 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), PACU & 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), PACU & Post-op
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.

() HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

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

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

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

() HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

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

[] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.

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

() HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

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

[] HYDROcodone-acetaminophen (NORCO) 10-325) 10-325 mg per tablet 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), PACU & 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), PACU & 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), PACU & 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), PACU & 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), PACU & Post-op (Max Daily dose not to exceed 200 mg/day) Give if patient is able to tolerate oral medication.
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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), PACU & 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), PACU & Post-op Use if patient is unable to swallow or faster onset is needed
() HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), PACU & 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.

() 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), PACU & Post-op
() 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), PACU & Post-op

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), PACU & 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), PACU & Post-op Use if patient is unable to swallow or faster onset is needed
() HYDROmorphone (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), PACU & 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), PACU & 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)

() HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU & 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), PACU & 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), PACU & 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), PACU & 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), PACU & 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), PACU & 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), PACU & 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), PACU & 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), PACU & 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), PACU & 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), PACU & 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), PACU & 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), PACU & 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), PACU & Post-op Use if patient is unable to swallow or faster onset is needed

Antiemetics - HMM, HMSJ, HMW, HMSTC 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, PACU & 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, PACU & 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, PACU & 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, PACU & 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, PACU & Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.
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Antiemetics - HMSL, HMWB 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, PACU & 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, PACU & 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) IV or Oral or Rectal	"Or" Linked Panel
<input checked="" type="checkbox"/> 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 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 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 Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMSJ, HMTW 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, PACU & 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, PACU & 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 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 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 Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Laxatives

<input type="checkbox"/> bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation, PACU & Post-op RN may use second option based on the patient response to the first option attempted.
<input type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, PACU & Post-op RN may use second option based on the patient response to the first option attempted.

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

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, PACU & 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, PACU & 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, PACU & Post-op
<input type="checkbox"/> hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching, PACU & Post-op
<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, PACU & 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, PACU & Post-op

Anxiety (Single Response)

<input type="checkbox"/> LORazepam (ATIVAN) tablet	1 mg, oral, every 8 hours PRN, anxiety, PACU & Post-op Indication(s): Anxiety
<input type="checkbox"/> ALPRAZolam (XANAX) tablet	0.25 mg, oral, every 6 hours PRN, anxiety, PACU & Post-op Indication(s): Anxiety

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, PACU & Post-op
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Insomnia: For Patients LESS than 70 years old (Single Response)

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

VTE

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

URL: "\appt1.pdf"

<input type="checkbox"/> 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
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LOW Risk of DVT (Selection Required)

Low Risk Definition

Age less than 60 years and NO other VTE risk factors

Low Risk (Single Response) (Selection Required)

<input type="checkbox"/> Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation PACU & Post-op
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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
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Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device	"And" Linked Panel
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<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic 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
"And" Linked Panel		
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis		
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<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"/> 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, 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, 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 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 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

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once, PACU & Post-op

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

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

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" Linked Panel**
AND mechanical prophylaxis

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

Contraindications exist for 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 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:

<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"/> HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
<input 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 No pharmacologic VTE prophylaxis due to the following contraindication(s): 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 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 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 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):
<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 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 Indication:
<input type="checkbox"/> 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

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)

<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
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High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

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

() 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):
PACU & Post-op

() apixaban (ELIQUIS) tablet

2.5 mg, oral, every 12 hours, Starting S+1
Indications:

() aspirin chewable tablet

162 mg, oral, daily, Starting S+1

() aspirin (ECOTRIN) enteric coated tablet

162 mg, oral, daily, Starting S+1

() enoxaparin (LOVENOX) injection (Single 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)

URL: "\appt1.pdf"

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

MODERATE Risk of DVT - Surgical (Selection Required)

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above
Central line
History of DVT or family history of VTE
Anticipated length of stay GREATER than 48 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

Moderate Risk (Selection Required)

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

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

- | | |
|--|---------------------------|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis BUT 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):
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 | "And" Linked Panel |
|---|---------------------------|

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

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

heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours
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)
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)

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 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 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 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 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 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):
<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"/> 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:
<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

Labs

Laboratory - Required Post Procedure

<input checked="" type="checkbox"/> Creatinine level	Daily, Starting S with First Occurrence Include Now For 2 Occurrences Draw post procedure and repeat prior to discharge, Post-op
<input checked="" type="checkbox"/> Hemoglobin	Once For 1 Occurrences Draw post procedure, Post-op

Laboratory - Tomorrow AM

<input type="checkbox"/> Prothrombin time with INR	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> CBC with platelet and differential	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Basic metabolic panel	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Anti Xa, low molecular weight	AM draw For 1 Occurrences Heparin Name: Post-op

Imaging

Chest X Ray

<input type="checkbox"/> XR Chest 1 Vw Portable	Routine, 1 time imaging For 1 , PACU & Post-op
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Cardiology

ECG and ECHO

<input type="checkbox"/> ECG Pre/Post Op	STAT, Once Clinical Indications: Interpreting Physician: Post procedure, PACU & Post-op
<input type="checkbox"/> ECG Pre/Post Op-Tomorrow	Routine, Once, Starting S+1 Clinical Indications: Interpreting Physician: Post procedure, PACU & Post-op
<input type="checkbox"/> Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging, PACU & Post-op

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
<input type="checkbox"/> heparin, porcine (PF) 100 unit/mL injection	intra-catheter, once

Discharge Activity

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

Care Navigator Consult

Referral to Care Navigators

Internal Referral
Care Navigator Referral Reason:
Patient's Phone Number: