

General

Admission (Single Response)

Patient has active status order on file

Admit to inpatient
 Diagnosis:
 Admitting Physician:
 Level of Care:
 Patient Condition:
 Bed request comments:
 Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
 PACU & Post-op

Transfer patient
 Level of Care:
 Bed request comments:
 Scheduling/ADT

Return to previous bed
 Routine, Until discontinued, Starting S, Scheduling/ADT

Transfer (Single Response)

Patient has active inpatient status order on file

Transfer patient
 Level of Care:
 Bed request comments:
 Scheduling/ADT

Return to previous bed
 Routine, Until discontinued, Starting S, Scheduling/ADT

Code Status

Full Code
 Code Status decision reached by:
 Post-op

DNR (Do Not Resuscitate) (Selection Required)

DNR (Do Not Resuscitate)
 Does patient have decision-making capacity?
 Post-op

Consult to Palliative Care Service
 Priority:
 Reason for Consult?
 Order?
 Name of referring provider:
 Enter call back number:

Consult to Social Work
 Reason for Consult:
 Post-op

Modified Code
 Does patient have decision-making capacity?
 Modified Code restrictions:
 Post-op

Treatment Restrictions
 Treatment Restriction decision reached by:
 Specify Treatment Restrictions:
 Post-op

Isolation

Airborne isolation status

Airborne isolation status
 Details

Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.
 Once, Sputum, Post-op

Contact isolation status
 Details

Droplet isolation status
 Details

Enteric isolation status
 Details

Precautions

<input checked="" type="checkbox"/> Chemotherapy precautions	Details
<input checked="" type="checkbox"/> Fall precautions	Increased observation level needed: Post-op
<input type="checkbox"/> Latex precautions	Post-op
<input type="checkbox"/> Seizure precautions	Increased observation level needed: Post-op
<input type="checkbox"/> Suicide precautions	Increased observation level needed: For 24 hours, Post-op
<input type="checkbox"/> Assault precautions	Post-op
<input type="checkbox"/> Neutropenic precautions	Post-op
<input type="checkbox"/> Aspiration precautions	Post-op
<input type="checkbox"/> Cardiac sternal precaution	Post-op
<input type="checkbox"/> Orthopedic spinal precautions	Post-op
<input type="checkbox"/> Safety precautions	Post-op
<input type="checkbox"/> Skin care precautions	Post-op
<input type="checkbox"/> Hip precautions, nsg to post anterior / posterior at bedside	Precaution: Post-op

Nursing

Vitals

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every hour, Starting S, Post-op
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Cardiac Monitoring

<input checked="" type="checkbox"/> Telemetry	"And" Linked Panel
<input checked="" type="checkbox"/> Cardiac monitoring	Routine, Continuous, Starting S Order: Place in Centralized Telemetry Monitor Reason for telemetry: High risk cardiac medication (vasoactive or antiarrhythmic) Can be off of Telemetry for tests and baths? Yes Post-op
<input checked="" type="checkbox"/> Cardiac monitoring alarms	Routine, Continuous, Starting S 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(%): 90 Post-op
<input checked="" type="checkbox"/> Notify Physician (Cardiac Monitoring)	Routine, Until discontinued, Starting S Systolic BP greater than: Systolic BP less than: Diastolic BP greater than: Diastolic BP less than: MAP less than: Heart rate less than (BPM): 50 Respiratory rate greater than: Respiratory rate less than: SpO2 less than: Heart rate greater than (BPM): 110

Activity

<input type="checkbox"/> Bed rest	Routine, Until discontinued, Starting S Bathroom Privileges: Night of surgery POD 0, Post procedure, Post-op
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<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges Post-op
<input checked="" type="checkbox"/> Dangle at bedside	Routine, 3 times daily Op to chair evening of surgery if tolerated, Post procedure, Post-op
<input checked="" type="checkbox"/> Out of bed to chair	Routine, 3 times daily, Starting S+1 at 8:00 AM Specify: Up in chair Additional modifier: Post-op
<input checked="" type="checkbox"/> Ambulate with assistance	Routine, 4 times daily Specify: with assistance Ambulate patient 4 x per shift, Post-op
<input type="checkbox"/> Increase Activity	Routine, Until discontinued, Starting S+1 at 8:00 AM Modifier: As tolerated

Nursing Assessments and Interventions

<input checked="" type="checkbox"/> Intake and output	Routine, Every hour Post Procedure, Post-op
<input checked="" type="checkbox"/> Monitor urine output	Routine, Every shift Notify physician if urine output is less than 30 mL/hour or less than 250 mL/shift for patients treated with HIPEC with Mitomycin C or Oxaliplatin: For patients treated with HIPEC with Cisplatin, notify physician if urine output is less than 200 mL/hour., Post-op
<input type="checkbox"/> Measure height	Routine, Once For 1 Occurrences Post-Procedure
<input type="checkbox"/> Weigh patient	Routine, Once For 1 Occurrences Post-Procedure, Post-op
<input checked="" type="checkbox"/> Daily weights	Routine, Daily, Post-op
<input type="checkbox"/> Neurological assessment	Routine, Every 4 hours Assessment to Perform: Post-Procedure, Post-op
<input type="checkbox"/> POC Glucose Screen -Fingerstick	Routine, Once For 1 Occurrences Post-Procedure
<input type="checkbox"/> Bladder scan	Routine, Once If no void 6 hours post foley catheter removal, Post-op
<input type="checkbox"/> Tobacco cessation education	Routine, Once, Post-op
<input type="checkbox"/> Change dressing	Routine, Every shift Post-Procedure, Post-op
<input checked="" type="checkbox"/> Encourage turn, cough, and deep breathing	Routine, Every 2 hours Post-Procedure, Post-op
<input checked="" type="checkbox"/> Elevate Head of Bed	Routine, Until discontinued, Starting S Head of bed: 30 degrees
<input checked="" type="checkbox"/> Foley catheter care	Routine, Once For 1 Occurrences Rationale: Need to monitor output Orders: to gravity Indication: Acute need for strict I & O, Post-op
<input type="checkbox"/> Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders: To Gravity Irrigate with 30 mL of water each shift. Place sign above bed stating: DO NOT REPOSITION NG TUBE. If NG tube comes out, do not replace., Post-op
<input type="checkbox"/> Jejunostomy tube Occlusion	Routine, Once Drainage: Intervention: If J-Tube becomes occluded, gently irrigate with 30 mL of warm water; if this does not clear the catheter, gently aspirate any content and flush again with warm water. If unsuccessful proceed to J-tube clog orders, Post-op

<input type="checkbox"/> Wound care orders	Routine, Every 12 hours Wound care to be performed by: Location: Site: Irrigate wound? Apply: Dressing Type: With soap and water. Only if incision is closed and intact with staples, Post-op
<input type="checkbox"/> Drain care (JP)	Routine, Until discontinued, Starting S Drain 1: Jackson Pratt Specify location: Drainage/Suction: To Compression (Bulb) Suction Flush drain with: Frequency: Every 8 hours Empty and record, Post-op
<input type="checkbox"/> Chest tube to water seal	Routine, Until discontinued, Starting S Drainage/Suction: Other (specify) Specify: Place to 20 cm Water Suction
<input type="checkbox"/> Patient position:	Routine, Until discontinued, Starting S Position: Additional instructions: Post-op
<input checked="" type="checkbox"/> Oral care	Routine, Until discontinued, Starting S, Post-op
<input checked="" type="checkbox"/> Arterial line monitoring	Routine, Every shift Monitor arterial line while patient is in SICU. Discontinue prior to transfer to regular floor, Post-op

Notify Physician

<input checked="" type="checkbox"/> Notify Physician for vitals	Routine, Until discontinued, Starting S Temperature greater than: 38.5 Temperature less than: Systolic BP greater than: 170 Systolic BP less than: 110 Diastolic BP greater than: 90 Diastolic BP less than: 60 Heart rate greater than (BPM): 120 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: 8 SpO2 less than: 90 Other: Patient having evidence of active bleeding (hematemesis, malena, hematochezia, hematuria) Urine Output less than: Notify physician if urine output is less than 30 mL/hour or less than 250 mL/shift for patients treated with HIPEC with Mitomycin C or Oxaliplatin: For patients treated with HIPEC with Cisplatin, notify physician if urine output is less than 200 mL/hour. No Urine Output Post Foley Removal for 8 hours, Post-op
<input checked="" type="checkbox"/> Notify Physician	Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: Systolic BP less than: Diastolic BP greater than: Diastolic BP less than: Heart rate greater than (BPM): Heart rate less than (BPM): Respiratory rate greater than: Respiratory rate less than: SpO2 less than: Urine Output less than: Post-op

Diet

<input checked="" type="checkbox"/> NPO	Diet effective now, Starting S NPO: Except Gum PRN, Except Hard Candy PRN, Except Ice chips Post-op
<input checked="" type="checkbox"/> Diet instructions to nursing	Routine, Every 8 hours, Starting S NPO: Except Ice chips 1 cup of ice chips every 8 hours., Post-op

IV Fluids

IV Flushes (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care Flush CVC, PICC, PIV per protocol using Push-Pause technique prior to and after each use OR when not being used in a 24-hour period, flush lumen every 12 hours. For flushing and locking of catheters used mainly for dialysis and Pediatric central lines, follow specific institutional order sets as direct by prescriber.
<input type="checkbox"/> sodium chloride 0.9 % flush	100 mL, intravenous, PRN, line care, Post-op May use for manifold. Flush per protocol.
<input type="checkbox"/> sodium chloride 0.9 % flush	250 mL, intravenous, PRN, line care, Post-op May use for manifold. Flush per protocol.

IV Fluid Boluses

<input type="checkbox"/> HIPEC with MitoMYcin C or Oxaliplatin (Single Response)	
<input type="checkbox"/> albumin human 5 % bottle	12.5 g, intravenous, PRN, for urine output LESS than 30 mL/hr for two consecutive hours, Post-op May repeat for *** additional bolus *** total volume *** mL total) then call House Officer. Continue for 12 hours post procedure. Then, notify if urine output less than 30 mL/hr or LESS than 250 mL/shift. Indication:
<input type="checkbox"/> HIPEC with CISplatin (PLATINOL) (Single Response)	
<input type="checkbox"/> albumin human 5 % bottle	25 g, intravenous, PRN, for urine output LESS than 30 mL/hr for two consecutive hours, Post-op May repeat for *** additional bolus *** total volume *** mL total) then call House Officer. Continue for 12 hours post procedure. Then, notify if urine output less than 30 mL/hr or LESS than 250 mL/shift. Indication:

Maintenance IV Fluids

<input type="checkbox"/> lactated ringer's infusion	125 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> HIPEC WITH CISplatin (PLATINOL)	
<input type="checkbox"/> lactated ringer's infusion	200 mL/hr, intravenous, continuous, Post-op

Medications

JTube Clog (PostOp)

<input type="checkbox"/> J-tube Occlusion	Routine, Once Drainage: Intervention: Gently irrigate with 30 mL of warm water; if this does not clear the catheter, gently aspirate any contents and flush again with warm water. If unsuccessful proceed to J-tube clog orders., Post-op
<input type="checkbox"/> sodium bicarbonate tablet AND pancreaticlipase (CREON) capsule doses	"And" Linked Panel

<input type="checkbox"/> sodium bicarbonate tablet	650 mg, j-tube, PRN, j-tube clog, Post-op If Warm Water irrigation is NOT successful: *Use Sodium Bicarbonate 650 mg and two Pancrealipase (Viokase or Creon) tablets, crushed in 5-15 mL of lukewarm water. *The solution should be infused into the feeding tube and capped for at least 15-30 minutes before trying to flush again.
<input type="checkbox"/> pancrelipase (CREON DR 12) per capsule	2 capsule, j-tube, PRN, snacks, j-tube clog, Post-op If Warm Water irrigation is NOT successful: *Use Sodium Bicarbonate 650 mg and two Pancrealipase (Viokase or Creon) tablets, crushed in 5-15 mL of lukewarm water. *The solution should be infused into the feeding tube and capped for at least 15-30 minutes before trying to flush again.

Continuing Medications from OR

HIPEC perfusion with Cisplatin ONLY

<input type="checkbox"/> sodium thiosulfate (TINVER) IVPB - Maintenance Dose (Continuation of OR dose)	25.56 g/m ² , intravenous, at 41.7 mL/hr, for 12 Hours, continuous, Post-op Infuse over 12 hours. Continue the drip started in the OR.
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Scheduled Medications

<input checked="" type="checkbox"/> ertapenem (INVanz) IVPB - POD 1	1,000 mg, intravenous, once, S at 8:00 AM, For 1 Doses, Post-op Reason for Therapy:
<input type="checkbox"/> metoclopramide (REGLAN) injection - POD 1	10 mg, intravenous, every 6 hours, Post-op Start on Post-Op Day 1.
<input type="checkbox"/> metoprolol (LOPRESSOR) 5 mg/5 mL injection	5 mg, intravenous, every 6 hours scheduled, Post-op HOLD parameters for this order: Contact Physician if:

Antiemetics (Single Response)

<input type="checkbox"/> ondansetron (ZOFTRAN) IV	4 mg, intravenous, every 6 hours PRN, nausea, vomiting, - 1st choice, Post-op
<input type="checkbox"/> promethazine (PHENERGAN) IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, - 2nd choice, Post-op

Antacids

<input type="checkbox"/> famotidine (PEPCID) tablet	20 mg, oral, 2 times daily, Post-op
<input type="checkbox"/> famotidine (PEPCID) injection	20 mg, intravenous, every 12 hours scheduled, Post-op
<input checked="" type="checkbox"/> pantoprazole (PROTONIX) IV	40 mg, intravenous, daily, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

Cardiovascular

<input type="checkbox"/> hydrALAZINE (APRESOLINE) IV	10 mg, intravenous, every 4 hours PRN, high blood pressure, Post-op HOLD parameters for this order: Contact Physician if:
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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
<input type="checkbox"/> LOW Risk of DVT (Selection Required)	

Low Risk Definition

Age less than 60 years and NO other VTE risk factors

Low Risk (Single Response) (Selection Required)

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

MODERATE Risk of DVT - Surgical (Selection Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

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

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

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

- | | |
|--|---|
| <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 |
|--|-------------------------------------|

- Contraindications exist for pharmacologic prophylaxis **"And" Linked Panel**
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 |
|---|--|

- 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:
[] 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)	
<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	"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 1700 (TIME CRITICAL), Starting S
<input type="checkbox"/> patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S For Patients with CrCL LESS than 30 mL/min
<input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<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
<input type="checkbox"/> 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
[] 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:
<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 (Hip/Knee) (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
<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

() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Selection Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

DVT Risk and Prophylaxis Tool (Single Response)

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)	
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation PACU & Post-op
() MODERATE Risk of DVT - Surgical (Selection Required)	

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

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

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

Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device **"And" Linked Panel**

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

<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
<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)	
<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	"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 1700 (TIME CRITICAL), Starting S
<input type="checkbox"/> patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S For Patients with CrCL LESS than 30 mL/min

<input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<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
<input type="checkbox"/> 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
[] 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:
<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 (Hip/Knee) (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
<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

Labs Today

<input checked="" type="checkbox"/> Basic metabolic panel	Once For 1 Occurrences PACU (only), PACU
<input checked="" type="checkbox"/> Magnesium level	Once For 1 Occurrences PACU (only), PACU
<input type="checkbox"/> Ionized calcium	Once For 1 Occurrences PACU (only), PACU
<input checked="" type="checkbox"/> Phosphorus level	Once For 1 Occurrences PACU (only), PACU
<input checked="" type="checkbox"/> CBC with platelet and differential	Once For 1 Occurrences PACU (only), PACU
<input checked="" type="checkbox"/> Type and screen	Once For 1 Occurrences PACU (only), PACU
<input type="checkbox"/> Electrolytes (Chem4)	Once For 1 Occurrences PACU (only), PACU
<input type="checkbox"/> B natriuretic peptide	AM draw For 1 Occurrences PACU (only), PACU
<input type="checkbox"/> Arterial blood gas	Once For 1 Occurrences, Post-op
<input type="checkbox"/> Prothrombin time with INR	Once For 1 Occurrences, Post-op
<input type="checkbox"/> Partial thromboplastin time, activated	Once For 1 Occurrences, Post-op

Daily Labs

<input checked="" type="checkbox"/> CBC with platelet and differential	AM draw repeats, Starting S+1 For 3 Occurrences, Post-op
<input checked="" type="checkbox"/> Basic metabolic panel	AM draw repeats, Starting S+1 For 3 Occurrences, Post-op
<input checked="" type="checkbox"/> Magnesium level	AM draw repeats, Starting S+1 For 3 Occurrences, Post-op
<input checked="" type="checkbox"/> Phosphorus level	AM draw repeats, Starting S+1 For 3 Occurrences, Post-op
<input type="checkbox"/> Reticulocyte count	AM draw repeats, Starting S+1 For 3 Occurrences, Pre-op
<input type="checkbox"/> B natriuretic peptide	AM draw repeats, Starting S+1 For 3 Occurrences, Post-op
<input type="checkbox"/> Type and screen	AM draw repeats, Starting S+1 For 3 Occurrences, Post-op

B natriuretic peptide AM draw repeats, Starting S+1 For 3 Occurrences, Post-op

Hepatic Function

Albumin level AM draw repeats, Starting S+1 For 1 Occurrences, Post-op

Prealbumin level AM draw repeats, Starting S+1 For 1 Occurrences, Post-op

Albumin level Weekly, Starting S+1 at 2:00 AM For 3 Occurrences, Post-op

Prealbumin level Weekly, Starting S+1 at 2:00 AM For 3 Occurrences, Post-op

Blood Gas

Arterial blood gas Once For 1 Occurrences, Post-op

Coagulation

Partial thromboplastin time, activated Once For 1 Occurrences, Post-op

Prothrombin time with INR Once For 1 Occurrences, Post-op

Cardiology

Imaging

X-Ray

XR Chest 1 Vw Portable Routine, Daily imaging, Starting S+1 at 4:00 AM For 1 , Post-op

XR Chest 1 Vw Portable Routine, 1 time imaging For 1 Occurrences IN PACU, PACU

Respiratory

Respiratory

Oxygen therapy Routine, Continuous For Until specified
Device 1: Nasal Cannula
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
Titrate to keep O2 Sat Above: 90%
Indications for O2 therapy: Immediate post-op period
Post-op

Pulse oximetry Routine, Continuous For Until specified
Current FIO2 or Room Air:
Post-op

Nasal canula oxygen therapy Routine, Continuous
Usage:
Device 1: Nasal Cannula
Rate in liters per minute: 2 Lpm
Rate in tenths of a liter per minute:
O2 %:
Device 2:
Device 3:
Titrate to keep O2 Sat Above: 90%
Indications for O2 therapy:
Post-op

Incentive spirometry Routine, Every hour
Patient to perform 10 times every hour while awake until discharged., Post-op

albuterol (ACCUNEB) nebulizer solution 2.5 mg, nebulization, every 6 hours PRN, wheezing, Post-op
Aerosol Delivery Device:

ipratropium-albuterol (DUONEB) nebulizer solution 0.5-2.5 mg/3 mL **"And" Linked Panel**

ipratropium (ATROVENT) 0.02 % nebulizer solution 0.5 mg, nebulization, every 6 hours PRN, wheezing, shortness of breath, Wheezing
Aerosol Delivery Device:

albuterol (PROVENTIL) nebulizer solution 2.5 mg, nebulization, every 6 hours PRN, wheezing
Aerosol Delivery Device:

Education

Education

<input type="checkbox"/> G-Tube Education	Routine, Once For 1 Occurrences Patient/Family: Education for: Other (specify) Specify: Start G-Tube Care. Start teaching on tube-feeding Post-op
<input type="checkbox"/> J-tube Education	Routine, Once For 1 Occurrences Patient/Family: Education for: Other (specify) Specify: Start J-Tube Care. Start teaching on tube-feeding Post-op
<input checked="" type="checkbox"/> Post Precedure Education	Routine, Once For 1 Occurrences Patient/Family: Education for: Other (specify) Specify: Educate on post gastrectomy diet, Post-op

Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason: Post-op
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Post-op
<input type="checkbox"/> Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Post-op
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound? Post-op
<input type="checkbox"/> Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Post-op
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic: Post-op
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? Post-op
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult: Post-op
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Post-op

<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult? Post-op
<input type="checkbox"/> Consult To Interventional Radiology	Routine, 1 time imaging For 1 , Post-op

Additional Orders