

**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	Details
[ ] 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

[X] Chemotherapy precautions	Details
[X] Fall precautions	Increased observation level needed: Post-op
[ ] Latex precautions	Post-op
[ ] Seizure precautions	Increased observation level needed: Post-op
[ ] Suicide precautions	Increased observation level needed: For 24 hours, Post-op
[ ] Assault precautions	Post-op
[ ] Neutropenic precautions	Post-op
[ ] Aspiration precautions	Post-op
[ ] Cardiac sternal precaution	Post-op
[ ] Orthopedic spinal precautions	Post-op
[ ] Safety precautions	Post-op
[ ] Skin care precautions	Post-op
[ ] Hip precautions, nsg to post anterior / posterior at bedside	Precaution: Post-op

## Nursing

### Vitals

[X] Vital signs - T/P/R/BP	Routine, Every hour, Starting S, Post-op
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### Cardiac Monitoring

[X] Telemetry	"And" Linked Panel
[X] 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
[X] 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

[X] 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
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### Activity

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

#### Nursing Assessments and Interventions

[X] Intake and output	Routine, Every hour Post Procedure, Post-op
[X] 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
[ ] Measure height	Routine, Once For 1 Occurrences Post-Procedure
[ ] Weigh patient	Routine, Once For 1 Occurrences Post-Procedure, Post-op
[X] Daily weights	Routine, Daily, Post-op
[ ] Neurological assessment	Routine, Every 4 hours Assessment to Perform: Post-Procedure, Post-op
[ ] POC Glucose Screen -Fingerstick	Routine, Once For 1 Occurrences Post-Procedure
[ ] Bladder scan	Routine, Once If no void 6 hours post foley catheter removal, Post-op
[ ] Tobacco cessation education	Routine, Once, Post-op
[ ] Change dressing	Routine, Every shift Post-Procedure, Post-op
[X] Encourage turn, cough, and deep beathing	Routine, Every 2 hours Post-Procedure, Post-op
[X] Elevate Head of Bed	Routine, Until discontinued, Starting S Head of bed: 30 degrees
[X] 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
[ ] 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
[ ] 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

[ ] 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
[ ] 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
[ ] Chest tube to water seal	Routine, Until discontinued, Starting S Drainage/Suction: Other (specify) Specify: Place to 20 cm Water Suction
[ ] Patient position:	Routine, Until discontinued, Starting S Position: Additional instructions: Post-op
[X] Oral care	Routine, Until discontinued, Starting S, Post-op
[X] 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

[X] 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
[X] 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

[X] NPO

Diet effective now, Starting S  
NPO: Except Gum PRN, Except Hard Candy PRN, Except Ice chips  
Post-op

[X] 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)

( ) 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.

( ) sodium chloride 0.9 % flush

100 mL, intravenous, PRN, line care, Post-op  
May use for manifold. Flush per protocol.

( ) sodium chloride 0.9 % flush

250 mL, intravenous, PRN, line care, Post-op  
May use for manifold. Flush per protocol.

### IV Fluid Boluses

[ ] HIPEC with MitoMYcin C or Oxaliplatin (Single Response)

( ) 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:

[ ] HIPEC with CISplatin (PLATINOL) (Single Response)

( ) 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

[ ] lactated ringer's infusion

125 mL/hr, intravenous, continuous, Post-op

[ ] HIPEC WITH CISplatin (PLATINOL)

[ ] lactated ringer's infusion

200 mL/hr, intravenous, continuous, Post-op

## Medications

### JTube Clog (PostOp)

[ ] 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

[ ] sodium bicarbonate tablet AND pancrelipase (CREON) capsule doses

"And" Linked Panel

[ ] 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.
[ ] 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

[ ] sodium thiosulfate (TINVER) IVPB - Maintenance Dose (Continuation of OR dose)	25.56 g/m2, 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

[X] ertapenem (INVanz) IVPB - POD 1	1,000 mg, intravenous, once, S at 8:00 AM, For 1 Doses, Post-op Reason for Therapy:
[ ] metoclopramide (REGLAN) injection - POD 1	10 mg, intravenous, every 6 hours, Post-op Start on Post-Op Day 1.
[ ] 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)

( ) ondansetron (ZOFRAN) IV	4 mg, intravenous, every 6 hours PRN, nausea, vomiting, - 1st choice, Post-op
( ) promethazine (PHENERGAN) IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, - 2nd choice, Post-op

### Antacids

[ ] famotidine (PEPCID) tablet	20 mg, oral, 2 times daily, Post-op
[ ] famotidine (PEPCID) injection	20 mg, intravenous, every 12 hours scheduled, Post-op
[X] pantoprazole (PROTONIX) IV	40 mg, intravenous, daily, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

### Cardiovascular

[ ] 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"

( ) 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)	



( ) 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
( ) 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

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

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

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

( ) HIGH Risk of DVT - Surgical (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
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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
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( ) enoxaparin (LOVENOX) injection (Single Response)  
(Selection Required)

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
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( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 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
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[ ] 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
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( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
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( ) 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
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[ ] 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
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( ) apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
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( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1
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( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
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( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
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( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
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( ) enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
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( ) enoxaparin (LOVENOX) syringe - For Patients with CrCl LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 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)

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

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

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

One or more of the following medical conditions:

## Thrombophilia (Factor V Leiden, prothrombin variant)

Severe fracture of hip, pelvis or leg

Severe fracture of hip, pelvis or leg  
Acute spinal cord injury with paresis

## Acute spinal cord injury with paresis Multiple major traumas

Multiple major traumas  
Abdominal or pelvic su...

## Abdominal or pelvic surgery for CANCER Acute ischaemic stroke

## 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 No pharmacological

contraindication(s):  
PACU & Post-op

( ) enoxaparin (LOVENOX) injection (Single Response)

(Selection Required)

(+) enoxaparin (LOVENOX) syringe 40 mg subcutaneous

(+) patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting 3 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
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[ ] 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:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

[X] 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
[X] 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	<b>"And" Linked Panel</b>
[ ] 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