

General

Common Present on Admission Diagnosis

<input type="checkbox"/>	Acidosis	Post-op
<input type="checkbox"/>	Acute Post-Hemorrhagic Anemia	Post-op
<input type="checkbox"/>	Acute Renal Failure	Post-op
<input type="checkbox"/>	Acute Respiratory Failure	Post-op
<input type="checkbox"/>	Acute Thromboembolism of Deep Veins of Lower Extremities	Post-op
<input type="checkbox"/>	Anemia	Post-op
<input type="checkbox"/>	Bacteremia	Post-op
<input type="checkbox"/>	Bipolar disorder, unspecified	Post-op
<input type="checkbox"/>	Cardiac Arrest	Post-op
<input type="checkbox"/>	Cardiac Dysrhythmia	Post-op
<input type="checkbox"/>	Cardiogenic Shock	Post-op
<input type="checkbox"/>	Decubitus Ulcer	Post-op
<input type="checkbox"/>	Dementia in Conditions Classified Elsewhere	Post-op
<input type="checkbox"/>	Disorder of Liver	Post-op
<input type="checkbox"/>	Electrolyte and Fluid Disorder	Post-op
<input type="checkbox"/>	Intestinal Infection due to Clostridium Difficile	Post-op
<input type="checkbox"/>	Methicillin Resistant Staphylococcus Aureus Infection	Post-op
<input type="checkbox"/>	Obstructive Chronic Bronchitis with Exacerbation	Post-op
<input type="checkbox"/>	Other Alteration of Consciousness	Post-op
<input type="checkbox"/>	Other and Unspecified Coagulation Defects	Post-op
<input type="checkbox"/>	Other Pulmonary Embolism and Infarction	Post-op
<input type="checkbox"/>	Phlebitis and Thrombophlebitis	Post-op
<input type="checkbox"/>	Protein-calorie Malnutrition	Post-op
<input type="checkbox"/>	Psychosis, unspecified psychosis type	Post-op
<input type="checkbox"/>	Schizophrenia Disorder	Post-op
<input type="checkbox"/>	Sepsis	Post-op
<input type="checkbox"/>	Septic Shock	Post-op
<input type="checkbox"/>	Septicemia	Post-op
<input type="checkbox"/>	Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
<input type="checkbox"/>	Urinary Tract Infection, Site Not Specified	Post-op

Elective Outpatient, Observation, or Admission (Single Response)

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

Admission or Observation (Single Response)
Patient has active outpatient status order on file

- | | |
|--|--|
| <input type="checkbox"/> Admit to Inpatient | Diagnosis:
Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
PACU & Post-op |
| <input type="checkbox"/> Outpatient observation services under general supervision | Diagnosis:
Admitting Physician:
Patient Condition:
Bed request comments:
PACU & Post-op |
| <input type="checkbox"/> Outpatient in a bed - extended recovery | Diagnosis:
Admitting Physician:
Bed request comments:
PACU & Post-op |
| <input type="checkbox"/> Transfer patient | Level of Care:
Bed request comments:
Scheduling/ADT |
| <input type="checkbox"/> Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT |

Admission (Single Response)
Patient has active status order on file

- | | |
|---|--|
| <input type="checkbox"/> Admit to inpatient | Diagnosis:
Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
PACU & Post-op |
| <input type="checkbox"/> Transfer patient | Level of Care:
Bed request comments:
Scheduling/ADT |
| <input type="checkbox"/> Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT |

Transfer (Single Response)
Patient has active inpatient status order on file

- | | |
|---|---|
| <input type="checkbox"/> Transfer patient | Level of Care:
Bed request comments:
Scheduling/ADT |
| <input type="checkbox"/> Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT |

Code Status

- | | |
|--|--|
| <input type="checkbox"/> Full Code | Code Status decision reached by:
Post-op |
| <input type="checkbox"/> DNR (Do Not Resuscitate) (Selection Required) | |
| <input type="checkbox"/> DNR (Do Not Resuscitate) | Does patient have decision-making capacity?
Post-op |

<input type="checkbox"/> Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Post-op
<input type="checkbox"/> Modified Code	Does patient have decision-making capacity? Modified Code restrictions: Post-op
<input type="checkbox"/> Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op

Isolation

<input type="checkbox"/> Airborne isolation status	
<input type="checkbox"/> Airborne isolation status	Details
<input type="checkbox"/> Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum, Post-op
<input type="checkbox"/> Contact isolation status	Details
<input type="checkbox"/> Droplet isolation status	Details
<input type="checkbox"/> Enteric isolation status	Details

Precautions

<input type="checkbox"/> Aspiration precautions	Post-op
<input 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

Nursing

Vitals

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol, Post-op
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Activity

<input checked="" type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated Post-op
<input checked="" type="checkbox"/> Activity as tolerated - out of bed	Routine, Until discontinued, Starting S Specify: Out of bed, Activity as tolerated Post-op
<input checked="" type="checkbox"/> Ambulate	Routine, 3 times daily Specify: Post-op

Nursing

<input type="checkbox"/> Telemetry	"And" Linked Panel
<input type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes Post-op

<input type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94 Post-op
<input checked="" type="checkbox"/> Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees 30 Degrees, Post-op
<input checked="" type="checkbox"/> Daily weights	Routine, Daily With same scale and manner, Post-op
<input checked="" type="checkbox"/> Strict intake and output	Routine, Every hour For 12 Hours, Post-op
<input checked="" type="checkbox"/> Strict intake and output	Routine, Every 8 hours Every hour for first 12 hours, and then every 8 hours. , Post-op
<input checked="" type="checkbox"/> CVP monitoring	Routine, Every hour For 24 Hours Record., Post-op
<input type="checkbox"/> Limb precautions: No Venipuncture or blood pressure to arm with Hemodialysis access	Location: Precaution: No venipuncture, No blood pressure To arm with Hemodialysis Access. Place sign at bedside. , Post-op
<input type="checkbox"/> Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders: To low intermittent suction, may clamp tube for medications, Post-op
<input type="checkbox"/> Oral Gastric tube maintenance	Routine, Until discontinued, Starting S Drainage: Intervention: To low intermittent suction, may clamp tube for medications, Post-op
<input checked="" type="checkbox"/> Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain To bedside drainage; catheter care every shift. May irrigate Foley as needed with no more than 50 milliliters sterile water., Post-op
<input type="checkbox"/> Drain care	Routine, Every 8 hours Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Record drain output every 8 hours as needed., Post-op
<input checked="" type="checkbox"/> Drain care	Routine, Until discontinued, Starting S Type of drain: Jackson Pratt Specify location: Right Side Drain Number: Drainage/Suction: Jackson-Pratt or Penrose; Wound and drain assessment every 12 hours and as needed., Post-op
<input type="checkbox"/> Bladder scan	Routine, Once When Foley discontinued perform bladder scan after each void for the first 24 hours; then daily after the first void every morning. Record residual volumes, Post-op
<input checked="" type="checkbox"/> Bedside glucose	Routine, Now then every 1 hour For 24 Hours every 1 hour for first 24 hours. Do not give sliding scale insulin more often than every 4 hours. Notify physician for blood glucose less than 70 and greater than 180., Post-op

<input type="checkbox"/> Bedside glucose	Routine, Every 2 hours, Starting S+1 with First Occurrence As Scheduled For 24 Occurrences every 2 hours, at 24-48 hours. Do not give sliding scale insulin more often than every 4 hours. Notify physician for blood glucose less than 70 and more than 180., Post-op
<input checked="" type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous Discontinue when ambulating 3 times daily, Post-op
<input checked="" type="checkbox"/> Encourage deep breathing and coughing	Routine, Every 2 hours while awake, Post-op

Notify

<input checked="" type="checkbox"/> Notify Physician: Nephrologist of patient location 1 hour after arrival with results of post-operative labs, vital signs, CVP and intake and outputs;	Routine, Until discontinued, Starting S, Nephrologist of patient location 1 hour after arrival with results of post-operative labs, vital signs, CVP and intake and outputs; Post-op
<input checked="" type="checkbox"/> Notify Physician: Nephrologist with results of post op 6 hour STAT creatinine result	Routine, Until discontinued, Starting S, Nephrologist with results of post op 6 hour STAT creatinine result, Post-op
<input checked="" type="checkbox"/> Physician communication order - Nephrologist	Routine, Once If Nicardipine drip is initiated, Post-op
<input checked="" type="checkbox"/> Notify Physician: Endocrinologist	Routine, Until discontinued, Starting S, Transplant Surgeon and Endocrine For any glucose reading less than 80 mg/dl OR two (2) consecutive glucose readings greater than 150 mg/dl Post-op
<input checked="" type="checkbox"/> Notify Physician Transplant Surgeon if any insulin administered within first 48 hours post-op	Routine, Until discontinued, Starting S, Transplant Surgeon if any insulin administered within first 48 hours post-op, Post-op
<input checked="" type="checkbox"/> Notify Physician: Transplant Surgeon for: Foley Care - If no return on irrigation, large clots seen in Foley, or leakage around the catheter	Routine, Until discontinued, Starting S, Transplant Surgeon for: Foley Care - If no return on irrigation, large clots seen in Foley, or leakage around the catheter Post-op
<input checked="" type="checkbox"/> Notify Research Coordinator: If patient is on research study (please check for orders)	Routine, Until discontinued, Starting S, Post-op
<input checked="" type="checkbox"/> Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100 Temperature less than: Systolic BP greater than: 180 Systolic BP less than: 100 Diastolic BP greater than: 100 Diastolic BP less than: 60 MAP less than: 60 Heart rate greater than (BPM): 110 Heart rate less than (BPM): 60 Respiratory rate greater than: 25 Respiratory rate less than: 10 SpO2 less than: 92

Diet

<input checked="" type="checkbox"/> NPO	Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options: Post-op
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IV Fluids

IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, Post-op Replace urine output with continuous IV 0.45% sodium chloride mL per mL. Replacement fluids not to exceed a maximum of 250 mL per hour and a minimum of 75 mL per hour.
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<input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op Replace urine output with continuous IV 0.45% sodium chloride with 75 mEq sodium bicarbonate mL per mL. Replacement fluids not to exceed a maximum of 250 mL per hour and a minimum of 75 mL per hour
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PostOperative Medications

Restricted Medication

<input checked="" type="checkbox"/> No NSAIDs EXcluding aspirin	STAT, Until discontinued, Starting S Reason for "No" order: Post-op
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Steroid Taper

<input checked="" type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection	200 mg, intravenous, once, S+1 at 9:00 AM, For 1 Doses, Post-op Give POD #1
<input checked="" type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection	80 mg, intravenous, once, S+2 at 9:00 AM, For 1 Doses, Post-op Give POD #2
<input checked="" type="checkbox"/> predniSONE (DELTASONE) tablet	30 mg, oral, daily, Starting S+3, Post-op Give starting POD #3

Infectious Disease Prophylaxis

<input checked="" type="checkbox"/> fluconazole (DIFLUCAN) tablet - Starting on PostOp Day 1	200 mg, oral, daily, Starting S+1, Post-op Starting on PostOp Day 1. May give via feeding tube. Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
<input checked="" type="checkbox"/> valGANciclovir (VALCYTE) tablet - Starting on PostOp Day 3	450 mg, oral, daily, Starting S+3, Post-op Starting on PostOp Day 3 Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
<input checked="" type="checkbox"/> sulfamethoxazole-trimethoprim (BACTRIM SS) 400-80 mg per tablet - Starting PostOp Day 3	1 tablet, oral, daily, Starting S+3, Post-op Starting on PostOp Day 3 Reason for Therapy:

Anticoagulation

<input checked="" type="checkbox"/> Heparin Infusions	"Followed by" Linked Panel
<input checked="" type="checkbox"/> HEParin 25,000 unit/500 mL (50 unit/mL) in dextrose	300 Units/hr, intravenous, for 24 Hours, continuous Started Day of Surgery - to begin immediately post-op unless directed otherwise by surgeon. Indication: Therapeutic Monitoring Target:
<input checked="" type="checkbox"/> HEParin 25,000 unit/500 mL (50 unit/mL) in dextrose	400 Units/hr, intravenous, for 72 Hours, continuous, Starting H+24 Hours Started Post-operative Day 1 and continues to Post-operative Day 3. Indication: Therapeutic Monitoring Target:
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+3, Post-op

Stress Ulcer Prophylaxis (Single Response) (Selection Required)

<input type="checkbox"/> pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily, Post-op If nasogastric tube is placed. Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/> pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily, Post-op If nasogastric tube is placed. Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

Maintenance Immunosuppression (Must select one of the following) (Single Response) (Selection Required)

<input type="checkbox"/> mycophenolate (CELLCEPT) tablet - For Thymoglobulin and Campath patients	500 mg, oral, 2 times daily at 0600, 1800 (TIME CRITICAL), Post-op For Thymoglobulin and Campath patients
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() mycophenolate (CELLCEPT) tablet - For Simulect patients	1,000 mg, oral, 2 times daily at 0600, 1800 (TIME CRITICAL), Post-op For Simulect patients
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Antiemetics and Gastric Motility

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.
<input type="checkbox"/> metoclopramide (REGLAN) injection	5 mg, intravenous, 3 times daily, Post-op Given for Gastric Motility

Antiemetics and Gastric Motility

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.
<input type="checkbox"/> metoclopramide (REGLAN) injection	5 mg, intravenous, 3 times daily, Post-op Given for Gastric Motility

Antiemetics and Gastric Motility (Single Response)

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
() promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.
<input type="checkbox"/> metoclopramide (REGLAN) injection	5 mg, intravenous, 3 times daily, Post-op Given for Gastric Motility.

Itching (Single Response)

<input checked="" type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
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Bowel Care

<input checked="" type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily, Post-op
<input type="checkbox"/> docusate (COLACE) 50 mg/5 mL liquid	100 mg, Nasogastric, 2 times daily, Post-op Until Nasogastric tube discontinued. Hold for loose stools.
<input type="checkbox"/> docusate (COLACE) 50 mg/5 mL liquid	100 mg, feeding tube, 2 times daily May give via feeding tube.
<input checked="" type="checkbox"/> bisacodyl (DULCOLAX) EC tablet	10 mg, oral, nightly, Post-op May give via feeding tube.

Insomnia: Ramelteon For Patients GREATER than 70 years old

<input checked="" type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
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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
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<input type="checkbox"/> LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk factors	
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<input type="checkbox"/> Low Risk (Single Response) (Selection Required) <input type="checkbox"/> Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation PACU & Post-op
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<input type="checkbox"/> 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	
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<input type="checkbox"/> Moderate Risk (Selection Required) <input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - 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
()	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:
()	MODERATE Risk of DVT - Non-Surgical (Selection Required)	

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

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

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

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

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

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

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

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

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

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S

patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
For Patients with CrCL LESS than 30 mL/min

patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S
For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S
For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, PACU & Post-op
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op

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

warfarin (COUMADIN) tablet oral, daily at 1700 (TIME CRITICAL), PACU & Post-op
Indication:

<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> 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:
<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 - Non-Surgical (Selection Required)	

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

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

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

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

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S

patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
For Patients with CrCL LESS than 30 mL/min

patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S
For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S
For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

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

warfarin (COUMADIN) tablet oral, daily at 1700 (TIME CRITICAL)
Indication:

Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S
Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

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

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

HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

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

High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
<input type="checkbox"/> aspirin chewable tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	

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

DVT Risk and Prophylaxis Tool (Single Response)

URL: "\appt1.pdf"

<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
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<input type="checkbox"/> LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk factors	
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Low Risk (Single Response) (Selection Required)

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

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

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

MODERATE Risk of DVT - Non-Surgical (Selection Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

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

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

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

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

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

Contraindications exist for pharmacologic prophylaxis AND 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"/> 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

() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Selection Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() HIGH Risk of DVT - Non-Surgical (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

<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.

() 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

Labs

Laboratory STAT Upon Arrival

[X] Basic metabolic panel	STAT For 1 Occurrences, Post-op
[X] Hemoglobin and hematocrit	STAT For 1 Occurrences, Post-op
[X] Ionized calcium	STAT For 1 Occurrences, Post-op
[X] Amylase	STAT For 1 Occurrences, Post-op
[X] Lipase	STAT For 1 Occurrences, Post-op
[X] Prothrombin time with INR	STAT For 1 Occurrences, Post-op
[X] Partial thromboplastin time	STAT For 1 Occurrences, Post-op

Lab 6, 12, and 18 Hours after Arrival

[X] Creatinine level	Every 6 hours For 3 Occurrences At 6, 12, and 18 hours Post-Op, Post-op
[X] Hemoglobin and hematocrit	Every 6 hours For 3 Occurrences At 6, 12, and 18 hours Post-Op Post-op
[X] Prothrombin time with INR	Every 6 hours For 3 Occurrences At 6, 12, and 18 hours Post-Op Post-op
[X] Partial thromboplastin time	Every 6 hours For 3 Occurrences At 6, 12, and 18 hours Post-Op Post-op

Lab POD#1 at 05:00

[X] CBC with platelet and differential	AM draw, Starting S+1 For 1 Occurrences At 5 AM, Post-op
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<input checked="" type="checkbox"/> Comprehensive metabolic panel	AM draw, Starting S+1 For 1 Occurrences At 5 AM Post-op
<input checked="" type="checkbox"/> Magnesium level	AM draw, Starting S+1 For 1 Occurrences At 5 AM Post-op
<input checked="" type="checkbox"/> Phosphorus level	AM draw, Starting S+1 For 1 Occurrences At 5 AM Post-op
<input checked="" type="checkbox"/> Amylase	AM draw, Starting S+1 For 1 Occurrences At 5 AM Post-op
<input checked="" type="checkbox"/> Amylase, body fluid	AM draw, Starting S+1 For 1 Occurrences Specimen Source: At 5 AM Post-op
<input checked="" type="checkbox"/> Lipase	AM draw, Starting S+1 For 1 Occurrences At 5 AM Post-op
<input checked="" type="checkbox"/> C-peptide	AM draw, Starting S+1 For 1 Occurrences At 5 AM Post-op
<input checked="" type="checkbox"/> Insulin, random	AM draw, Starting S+1 For 1 Occurrences At 5 AM Post-op
<input checked="" type="checkbox"/> Proinsulin	AM draw, Starting S+1 For 1 Occurrences At 5 AM Post-op

Lab x 3 at 17:00 start POD #1

<input checked="" type="checkbox"/> Hemoglobin and hematocrit	AM draw repeats, Starting S+1 at 5:00 PM For 3 Days DRAW AT 1700 FOR 3 DAYS , Post-op
<input checked="" type="checkbox"/> Prothrombin time with INR	AM draw repeats, Starting S+1 at 5:00 PM For 3 Days DRAW AT 1700 FOR 3 DAYS , Post-op
<input checked="" type="checkbox"/> Partial thromboplastin time	AM draw repeats, Starting S+1 at 5:00 PM For 3 Days DRAW AT 1700 FOR 3 DAYS, Post-op

Lab x 3d at 05:00 start POD#2

<input checked="" type="checkbox"/> CBC with platelet and differential	AM draw repeats, Starting S+2 at 5:00 AM For 3 Days, Post-op
<input checked="" type="checkbox"/> Basic metabolic panel	AM draw repeats, Starting S+2 at 5:00 AM For 3 Days, Post-op
<input checked="" type="checkbox"/> Magnesium level	AM draw repeats, Starting S+2 at 5:00 AM For 3 Days, Post-op
<input checked="" type="checkbox"/> Phosphorus level	AM draw repeats, Starting S+2 at 5:00 AM For 3 Days, Post-op
<input checked="" type="checkbox"/> Amylase, body fluid	AM draw, Starting S+2 at 5:00 PM For 1 Occurrences Specimen Source: Post-op
<input checked="" type="checkbox"/> Amylase	AM draw repeats, Starting S+2 at 5:00 AM For 3 Days, Post-op
<input checked="" type="checkbox"/> Lipase	AM draw repeats, Starting S+2 at 5:00 AM For 3 Days, Post-op
<input checked="" type="checkbox"/> Prothrombin time with INR	AM draw repeats, Starting S+2 at 5:00 AM For 3 Days, Post-op
<input checked="" type="checkbox"/> Partial thromboplastin time	AM draw repeats, Starting S+2 at 5:00 AM For 3 Days, Post-op

Cardiology

Cardiology

ECG 12 lead

Routine, Once, Starting S+2 For 1 Occurrences
Clinical Indications: Post-Op Surgery
Interpreting Physician:
Upon arrival, Post-op

Imaging

Diagnostic X-Ray

Chest 1 Vw Portable

STAT, 1 time imaging For 1 Occurrences, Post-op

Diagnostic US

US Pancreas

STAT, 1 time imaging For 1
Please use 203.5 mHz transducer to assess flow to and from pancreas transplant and comment on resistive indices.,
Post-op

Other Studies

Respiratory

Respiratory Therapy

Oxygen therapy

Routine, Continuous
Device 1: Nasal Cannula
Rate in liters per minute:
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 2 hours
Once extubated, Post-op

Rehab

Consults

For Physician Consult orders use sidebar

Consults

Consult to Nutrition Services

Reason For Consult? MD order Diet Consult
Post-op, Registered Dietitian for nutrition assessment

Consult to Social Work

Reason for Consult: Other Specify
Specify: Kidney Transplant
Post-op, Kidney Transplant Social Work Consult

Consult PT eval and treat

Special Instructions:
Weight Bearing Status:
Post-op, Evaluate and treat for ambulation when patient is awake and following commands

Additional Orders