General

Common Present on Admission Diagnosis

[] Acidosis	Post-op
[] Acute Post-Hemorrhagic Anemia	Post-op
[] Acute Renal Failure	Post-op
[] Acute Respiratory Failure	Post-op
[] Acute Thromboembolism of Deep Veins of Lower Extremities	Post-op
[] Anemia	Post-op
] Bacteremia	Post-op
[] Bipolar disorder, unspecified	Post-op
[] Cardiac Arrest	Post-op
Cardiac Dysrhythmia	Post-op
[] Cardiogenic Shock	Post-op
Decubitus Ulcer	Post-op
Dementia in Conditions Classified Elsewhere	Post-op
Disorder of Liver	Post-op
Electrolyte and Fluid Disorder	Post-op
[] Intestinal Infection due to Clostridium Difficile	Post-op
[] Methicillin Resistant Staphylococcus Aureus Infection	Post-op
Obstructive Chronic Bronchitis with Exacerbation	Post-op
[] Other Alteration of Consciousness	Post-op
Other and Unspecified Coagulation Defects	Post-op
Other Pulmonary Embolism and Infarction	Post-op
 Phlebitis and Thrombophlebitis 	Post-op
[] Protein-calorie Malnutrition	Post-op
[] Psychosis, unspecified psychosis type [] Psychosis, unspecified psychosis type	Post-op
Schizophrenia Disorder	Post-op
[] Sepsis	Post-op
[] Septic Shock	Post-op
[] Septicemia	Post-op
[] Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
[] Urinary Tract Infection, Site Not Specified	Post-op
Elective Outpatient, Observation, or Admission (Single	Response)
() Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
() Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician:
	Patient Condition:
	Bed request comments:
	PACU & Post-op
() Outpatient in a bed - extended recovery	Diagnosis:
	Admitting Physician:
	Bed request comments:
	PACU & Post-op
() Admit to Inpatient	Diagnosis: Admitting Physician:
	Level of Care: Patient Condition:
	Bed request comments: Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
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Admission or Observation (Single Response) Patient has active outpatient 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
) Outpatient observation services under general supervision	Diagnosis: Admitting Physician:
	Patient Condition:
	Bed request comments:
	PACU & Post-op
() Outpatient in a bed - extended recovery	Diagnosis:
	Admitting Physician: Bed request comments:
	PACU & Post-op
() Transfer patient	Level of Care:
	Bed request comments:
	Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
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)	
	s patient have decision-making capacity?
Pos	tan

[] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[] Consult to Social Work	Reason for Consult: Post-op
[] Modified Code	Does patient have decision-making capacity? Modified Code restrictions: Post-op
[] Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details
 Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. 	Once, Sputum, Post-op
[] Contact isolation status	Details
 Droplet isolation status 	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Post-op
[] Fall precautions	Increased observation level needed: Post-op
[] Latex precautions[] Seizure precautions	Post-op Increased observation level needed: Post-op
Nursing	
Vital Signs	
[X] Vital signs - T/P/R/BP	Routine, Every 15 min Perform vital signs every 15 minutes x 2 hours, every 30 minutes x 2 hours, and every hour after that., Post-op
[] Vital signs - T/P/R/BP every hour	Routine, Every hour, Post-op
Activity/Position	
[] Strict bed rest	Routine, Until discontinued, Starting S Head of Bed elevated 45 degrees, bed in flex position at hips., Post-op
[] Head of bed 45 degrees	Routine, Until discontinued, Starting S Head of bed: 45 degrees 45 degrees in breast reconstruction patients , Post-op
[] Patient position: Semi-Fowler's	Routine, Until discontinued, Starting S Position: semi-Fowler's Additional instructions: With bed flexed in semi-fowler's (lawn chair) position, Post-op
[] Up in chair on postop Day # ***	Routine, Until discontinued, Starting S Specify: Up in chair Additional modifier: to chair on PostOp Day # *** Post-op

 [] Up in chair post operative Day #1 [] Ambulate with assistance 	Routine, Until discontinued, Starting S Specify: Up in chair Additional modifier: Post Operative Day #1. Sitting trial in recliner (NOT Cardiac Chair) after seen by the plastics service. Please refer to the Sitting Trial Protocol. If the sitting trial goes well, ie no changes in the doppler signals or flap perfusion, the patient will be ready for transfer to Acute Care Unit Post-op Routine, 3 times daily Specify: with assistance,in hall On PostOp Day # *** ambulate in hallway WITH ASSISTANCE after patient has been seen by Plastics. (Do
	not leave patient alone) Post-op
Nursing Care	
[] Apply warming blanket	Routine, Once Bair Hugger to flap(s) continuously, Post-op
[] Keep room temp at 76 degrees	Routine, Until discontinued, Starting S, Post-op
[] Intake and output	Routine, Per unit protocol, Post-op
[] Foley catheter - discontinue	Routine, Once, Post-op
[] Limb precautions	Location:
	Precaution:
	Post-op
[] Bathe patient	Routine, Daily
	Sponge bath, Post-op
[] Patient may shower with assistance	Routine, Daily Specify: Additional modifier: with assist only
	Post-op
[] Do NOT use Hyperglycemia Protocol	Routine, Until discontinued, Starting S, Post-op
[] Electrolyte replacement per SICU protocol	Routine, Until discontinued, Starting S, Post-op
[] Patient education- Post op urine color	Routine, Once Patient/Family: Both Education for: Other (specify)
	Specify: Blue/green urine post op is normal Post-op
Flap/Incision Care	
[] Apply warming blanket	Routine, Once
	Bair Hugger to flap(s) continuously; Discontinue on PostOp Day ***, Post-op
[] Drain care	Routine, Until discontinued, Starting S Drain 1: Jackson Pratt Specify location: To bulb suction. Attach bulbs to gown with safety pins. Do NOT tape drains to patient. Drainage/Suction: To Compression (Bulb) Suction Flush drain with: Drain 2: Drain 3: Drain 4: Post-op
[] Drain care	Routine, Every 4 hours Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Strip drain tubing, empty bulb, and record output with all other intake and output values Post-op

[] Flap assessment	Routine, Every 15 min
	Side:
	Location: Breast Assessment:
	Check flap(s) for Doppler sound and color every 15 minutes x
	2 hours, every 30 minutes x 4 hours, then every hour after
	that. Have patient pump feet during each doppler check to
	prevent DVT. Notify resident or physician of flap changes
	ASAP., Post-op
[] Flap assessment	Routine, Every hour
	Side:
	Location: Breast
	Assessment:
	Post-op Bouting Until discontinued Starting S
[] Supportive bra	Routine, Until discontinued, Starting S Do not remove post operative bra, Post-op
Provide equipment / supplies at bedside	Routine, Once
	Supplies:
	Post-op
Provide equipment / supplies at bedside: Extra Bra to	Routine, Once
bedside	Supplies: Other (specify)
	Other: Extra bra to bedside.
	Size ***, Post-op
[] Surgical/incision site care	Routine, Once
	Location:
	Site:
	Apply:
	Dressing Type: Open to air?
	Do not remove or change surgical dressings., Post-op
[] Wound care orders	Routine, Daily
	Wound care to be performed by:
	Location:
	Site:
	Irrigate wound?
	Apply:
	Dressing Type:
	Post-op
[] Patient education (specify)- Drain care	Routine, Once
	Patient/Family: Both Education for: Drain care
	Post-op
Notify	
[] Notify Plastic Surgery resident on-call and Plastics	Routine, Until discontinued, Starting S, Notify Plastic Surgery
Attending Surgeon for ANY questions regarding the flap	resident on-call and Plastics Attending Surgeon for ANY
or change in flap assessment	questions regarding the flap or change in flap assessment,
	Post-op
[] Notify Plastics Attending for approval prior to	Routine, Until discontinued, Starting S, Post-op
administering vasopressors or diuretic medications	- · ·
[] Notify Physician for any concerns	Routine, Until discontinued, Starting S, Post-op
Diat	
Diet	
[] NPO	Diet effective now, Starting S
	NPO:
	Pre-Operative fasting options:
	Post-op
[] NPO except ice chips	Diet effective now, Starting S
	NPO: Except Ice chips Pre-Operative fasting options:
	Post-op
1	,

] Diet- Clear Liquids	Diet effective now, Starting S
	Diet(s): Clear Liquids
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid: Caffeine
	Post-op
] Diet- Clear liquids advance as tolerated to Regular	Diet effective now, Starting S
	Diet(s): Clear Liquids
	Advance Diet as Tolerated? Yes
	Target Diet: Regular
	Advance target diet criteria: Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
] Diet- Soft	Diet effective now, Starting S
	Diet(s): GI Soft/Low Residue/Fiber
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid: Caffeine
	Post-op
] Diet: Regular	Diet effective now, Starting S
	Diet(s): Regular
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
IV Fluids	Post-op
IV Fluids	Post-op
IV Fluids	
IV Fluids [] dextrose 5 % and sodium chloride 0.45 % with	125 mL/hr, intravenous, continuous, Post-op
IV Fluids [] dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	125 mL/hr, intravenous, continuous, Post-op
V Fluids IV Fluids I dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion I lactated Ringer's infusion	125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op
 V Fluids dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion lactated Ringer's infusion sodium chloride 0.9 % infusion 	125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op
V Fluids IV Fluids I dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion I lactated Ringer's infusion	125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op
 V Fluids dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion lactated Ringer's infusion sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion 	125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op
 IV Fluids dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion lactated Ringer's infusion sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion 	125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op
V Fluids I dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion I lactated Ringer's infusion sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Medications	125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op
 V Fluids dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion lactated Ringer's infusion sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion 	125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op
 V Fluids dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion lactated Ringer's infusion sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Reminder: If you need to place orders for PCA Analgesia, a the General Patient Controlled Analgesia (PCA) Therapy for 	125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op
 V Fluids dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion lactated Ringer's infusion sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Reminder: If you need to place orders for PCA Analgesia, a the General Patient Controlled Analgesia (PCA) Therapy for Pharmacy Consult 	125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op
 V Fluids dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion lactated Ringer's infusion sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Reminder: If you need to place orders for PCA Analgesia, a the General Patient Controlled Analgesia (PCA) Therapy for 	125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op after using this order set go to the Order Set Activity and access or Opioid Naive Patients (or Tolerant Patients if appropriate). STAT, Until discontinued, Starting S
 V Fluids dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion lactated Ringer's infusion sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Reminder: If you need to place orders for PCA Analgesia, a the General Patient Controlled Analgesia (PCA) Therapy for Pharmacy Consult 	125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op
V Fluids I dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion I lactated Ringer's infusion I sodium chloride 0.9 % infusion I sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion I sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion I sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Reminder: If you need to place orders for PCA Analgesia, a the General Patient Controlled Analgesia (PCA) Therapy for Pharmacy Consult Pharmacy consult to manage dosing of medication	125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op after using this order set go to the Order Set Activity and access or Opioid Naive Patients (or Tolerant Patients if appropriate). STAT, Until discontinued, Starting S Which drug do you need help dosing? Contact Number:
 V Fluids dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion lactated Ringer's infusion sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Reminder: If you need to place orders for PCA Analgesia, a the General Patient Controlled Analgesia (PCA) Therapy for Pharmacy consult to manage dosing of medication V Antibiotics: For Patients LESS than or EQUAL to 120 k 	125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op after using this order set go to the Order Set Activity and access or Opioid Naive Patients (or Tolerant Patients if appropriate). STAT, Until discontinued, Starting S Which drug do you need help dosing? Contact Number: g 3 g, intravenous, every 6 hours, Post-op
 V Fluids dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion lactated Ringer's infusion sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Reminder: If you need to place orders for PCA Analgesia, a the General Patient Controlled Analgesia (PCA) Therapy for Pharmacy Consult Pharmacy consult to manage dosing of medication V Antibiotics: For Patients LESS than or EQUAL to 120 k ampicillin-sulbactam (UNASYN) IV 	125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op after using this order set go to the Order Set Activity and access or Opioid Naive Patients (or Tolerant Patients if appropriate). STAT, Until discontinued, Starting S Which drug do you need help dosing? Contact Number: g 3 g, intravenous, every 6 hours, Post-op Reason for Therapy:
 V Fluids dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion lactated Ringer's infusion sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Reminder: If you need to place orders for PCA Analgesia, a the General Patient Controlled Analgesia (PCA) Therapy for Pharmacy Consult Pharmacy consult to manage dosing of medication V Antibiotics: For Patients LESS than or EQUAL to 120 k ampicillin-sulbactam (UNASYN) IV cefazolin (ANCEF) IV - For Patients LESS than or 	125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op after using this order set go to the Order Set Activity and access for Opioid Naive Patients (or Tolerant Patients if appropriate). STAT, Until discontinued, Starting S Which drug do you need help dosing? Contact Number: g 3 g, intravenous, every 6 hours, Post-op Reason for Therapy: 2 g, intravenous, every 8 hours, Post-op
 V Fluids dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion lactated Ringer's infusion sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Reminder: If you need to place orders for PCA Analgesia, a the General Patient Controlled Analgesia (PCA) Therapy for Pharmacy consult to manage dosing of medication V Antibiotics: For Patients LESS than or EQUAL to 120 k ampicillin-sulbactam (UNASYN) IV cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg 	125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, every 6 hours, Post-op 125 mL/hr, intravenous, every 8 hours, Post-op
 V Fluids dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion lactated Ringer's infusion sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Reminder: If you need to place orders for PCA Analgesia, a the General Patient Controlled Analgesia (PCA) Therapy for Pharmacy Consult Pharmacy consult to manage dosing of medication V Antibiotics: For Patients LESS than or EQUAL to 120 k ampicillin-sulbactam (UNASYN) IV cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg 	125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op after using this order set go to the Order Set Activity and access or Opioid Naive Patients (or Tolerant Patients if appropriate). STAT, Until discontinued, Starting S Which drug do you need help dosing? Contact Number: g 3 g, intravenous, every 6 hours, Post-op Reason for Therapy: 2 g, intravenous, every 8 hours, Post-op Reason for Therapy:

600 mg, intravenous, for 30 Minutes, every 8 hours, Post-op Use if patient penicillin allergic. Reason for Therapy:
500 mg, intravenous, every 8 hours, Post-op Reason for Therapy:
se
mg/kg, intravenous, Post-op ason for Therapy:
AT, Until discontinued, Starting S ication:
3 g, intravenous, every 6 hours, Post-op Reason for Therapy:
120 3 g, intravenous, every 8 hours, Post-op Reason for Therapy:
1 g, intravenous, every 8 hours, Post-op Reason for Therapy:
400 mg, intravenous, for 60 Minutes, every 12 hours, Post-op Reason for Therapy:
600 mg, intravenous, for 30 Minutes, every 8 hours, Post-op Use if patient penicillin allergic. Reason for Therapy:
500 mg, intravenous, every 8 hours, Post-op Reason for Therapy:
se
mg/kg, intravenous, Post-op ason for Therapy:
AT, Until discontinued, Starting S ication:
g 1 tablet, oral, 2 times daily, Post-op Reason for Therapy:
500 mg, oral, every 8 hours, Post-op
Reason for Therapy: 500 mg, oral, 2 times daily at 0600, 1600, Post-op
Reason for Therapy: 300 mg, oral, 3 times daily, Post-op Use if patient is penicillin allergic. Reason for Therapy:
100 mg, oral, every 12 hours, Post-op Reason for Therapy:
0 1 tablet, oral, every 12 hours scheduled, Post-op Reason for Therapy:
Topical, 3 times daily, Post-op Apply to drain site.
Topical, 3 times daily, Post-op Apply to drain site.
Topical, 3 times daily, Post-op Apply to drain site.
Topical, 3 times daily, Post-op Apply to drain site.

Anticoagulants

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] enoxaparin (LOVENOX) injection (Single Response () enovaparin (LOVENOX) injection 30 mg	,
	30 mg, subcutaneous, 2 times daily, Starting S+1, Post-op Post-operative Day #1. Once cleared by plastics.
	40 mg, subcutaneous, daily, Starting S+1, Post-op Post-operative Day #1. Once cleared by plastics.
] aspirin chewable tablet	162 mg, oral, daily, Post-op
] heparin infusion 50 units/mL in dextrose 5%	intravenous, continuous, Post-op Indication: Therapeutic Monitoring Target:
	merapeutic Monitoning raiget.
] LORazepam (ATIVAN) Oral or IV	"Or" Linked Panel
	1 mg, oral, every 6 hours PRN, anxiety, Post-op Give the tablet if the patient can tolerate oral medication. Indication(s): Anxiety
[] LORazepam (ATIVAN) injection	1 mg, intravenous, every 6 hours PRN, anxiety, Post-op Give if unable to take oral OR symptoms inadequately controlled on oral medication. Indication(s): Anxiety
Muscle Spasms (Single Response) Caution: muscle relaxants should be minimized in pa	
() cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 8 hours PRN, muscle spasms, Post-op
() methocarbamol (ROBAXIN) tablet Muscle Pain	500 mg, oral, 3 times daily PRN, muscle spasms, Post-op
] diazepam (VALIUM) tablet	5 mg, oral, every 6 hours PRN, anxiety, muscle pain, Post-op Indication(s): Other Specify: Muscle Pain
On-Q Pump (Single Response)	
() ropivacaine 0.2% (PF) (NAROPIN) solution for On- Pump	Q 270 mL, infiltration, continuous, Post-op Regional Block: Location: Catheter: Continuous Rate: 6 mL/hr Bolus Dose (Optional):
() ropivacaine 0.5% (PF) (NAROPIN) solution for On- Pump	Q 270 mL, infiltration, continuous, Post-op Regional Block: Location: Catheter: Continuous Rate: 6 mL/hr Bolus Dose (Optional):
PCA Medications (Single Response)	
() morPHINE PCA 30 mg/30 mL	
	Loading Dose (optional): Not Ordered PCA Dose: 1 mg Locko Interval: Not Ordered Continuous Dose: 0 mg/hr MAX (Four hour dose limit): 20 mg intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years

	Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then
		- Every hour x 2 starting second hour after PCA started, bolus
		administered or dose change; then - Every 4 hours until PCA therapy is discontinued.
		- Immediately following PCA administration tubing change, Post-op
	Richmond agitation sedation scale	Routine, Once
	nionino agration occation occato	Hold infusion daily at: Target RASS:
		BIS Monitoring (Target BIS: 40-60):
		60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of
		therapy and when patient complains of pain and/or side effects., Post-op
[]	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued
		for any reason
		- Inadequate analgesia
		- Prior to administration of any other narcotics, antiemetics, or sedatives
		other than those ordered by the prescriber responsible for IV PCA therapy
		 PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op
Π	Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or
	physician and/or CERT team for any of the	less
	following:	- Severe and/or recent confusion or disorientation
		 POSS sedation level 4: Somnolent and difficult to arouse
		- Sustained hypotension (SBP less than 90)
		- Excessive nausea or vomiting - Urinary retention, Post-op
	naloxone (NARCAN) 0.4 mg/mL injection	0.2 mg, intravenous, once PRN, respiratory depression, as needed for
	0.2 mg	respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., Post-op
		Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15
		minutes for 3 times.
() hy	ydromorPHONE PCA (DILAUDID) 15 mg/30 mL	-
[]	hydromorPHONE (DILAUDID) 15 mg/30 mL PCA	Loading Dose (optional): Not Ordered PCA Dose: 0.2 mg Lockout: Not Ordered Continuous Dose: 0 mg/hr MAX (Four hour dose limit): 3 mg
		intravenous, continuous, Post-op
		Management of breakthrough pain. Administer only if respiratory rate 12
		per minute or more and POSS level of 2 or less. If more than 2 bolus
		doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years
		old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg
		every {Bolus Frequency:26663::"3"} hours as needed. If pain persists,
		may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE.
		Adjust doses for age, renal function or other factors.
		Turn Off PCA Continuous Dose (Basal Rate) On Date:
	Vital signs - T/P/R/BP	Turn Off PCA Continuous Dose (Basal Rate) At Time: Routine, Per unit protocol
	v Ital SIYIIS - I/F/N/DF	- Initially and every 30 minutes for 1 hour after PCA started, bolus
		administration or dose change; then
		- Every hour x 2 starting second hour after PCA started, bolus
		administered or dose change; then
		 Every 4 hours until PCA therapy is discontinued.
		- Immediately following PCA administration tubing change, Post-op

	Disk manual exitation evalution evalu	Deutine Ones
[]	Richmond agitation sedation scale	Routine, Once Hold infusion daily at: Target RASS:
		BIS Monitoring (Target BIS: 40-60):
		60 minutes after administration of pain medication AND every 4 hours.
		Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects., Post-op
[]	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued
		for any reason
		- Inadequate analgesia
		 Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy
		- PCA pump discontinued by any service other than the prescriber
[]	Stop the PCA pump and call ordering	responsible for IV PCA therapy, Post-op Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or
11	physician and/or CERT team for any of the	less
	following:	- Severe and/or recent confusion or disorientation
		 POSS sedation level 4: Somnolent and difficult to arouse
		- Sustained hypotension (SBP less than 90)
		- Excessive nausea or vomiting - Urinary retention, Post-op
[]	naloxone (NARCAN) 0.4 mg/mL injection	0.2 mg, intravenous, once PRN, respiratory depression, as needed for
	0.2 mg	respiratory rate 8 per minute or less OR patient somnolent and difficult to
		arouse (POSS GREATER than 3)., Post-op
		Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or
		CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15
		minutes for 3 times.
	ntaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL	
[]	fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA	Loading Dose (optional): Not Ordered PCA Dose: 10 mcg Lockout (recommended 6-8 min): Not Ordered Continuous
	FCA	Dose: 0 mcg/hr MAX (Four hour dose limit): 150 mcg
		intravenous, continuous, Post-op
		**Due to fentaNYL 600 mcg/30 mL shortages, the new standard for all
		facilities will be fentaNYL 1500 mcg/30 mL. This concentration is 2.5 x
		more concentrated.**
		Management of breakthrough pain. Administer only if respiratory rate 12
		per minute or more and POSS level of 2 or less. If more than 2 bolus
		doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may
		bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"}
		hours as needed. If pain persists, may increase PCA demand dose by
		{PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function
		or other factors.
		Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time:
[]	Vital signs - T/P/R/BP	Routine, Per unit protocol
		 Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then
		- Every hour x 2 starting second hour after PCA started, bolus
		administered or dose change; then
		- Every 4 hours until PCA therapy is discontinued.
F 1	Pichmond agitation addation apole	- Immediately following PCA administration tubing change, Post-op
[]	Richmond agitation sedation scale	Routine, Once Hold infusion daily at:
		Target RASS:
		BIS Monitoring (Target BIS: 40-60):
		60 minutes after administration of pain medication AND every 4 hours.
		Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects. Best on
l		therapy and when patient complains of pain and/or side effects., Post-op

	Notify Physician (Specify)	 Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op
[]	Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention, Post-op
	naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.

PCA Medications (Single Response)

() morPHINE PCA 30 mg/30 mL	
[] morPHINE 30 mg/30 mL PCA	Loading Dose (optional): Not Ordered PCA Dose: 1 mg Lockout Interval: Not Ordered Continuous Dose: 0 mg/hr MAX (Four hour dose limit): 20 mg intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE. Adjust doses for age, renal function or other factors.
[] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change, Post-op
[] Richmond agitation sedation scale	Routine, Once Hold infusion daily at: Target RASS: BIS Monitoring (Target BIS: 40-60): 60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects., Post-op
[] Notify Physician (Specify)	 Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op

[] Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation
lonowing.	- POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting - Urinary retention, Post-op
[] naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., Post-op
	Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.
() hydromorPHONE PCA (DILAUDID) 15 mg/30 mL	
[] hydromorPHONE (DILAUDID) 15 mg/30 mL PCA	Loading Dose (optional): Not Ordered PCA Dose: 0.2 mg Lockout: Not Ordered Continuous Dose: 0 mg/hr MAX
	(Four hour dose limit): 3 mg intravenous, continuous, Post-op
	Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call
	ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists,
	may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors.
	Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time:
[] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then
	 Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then Every 4 hours until PCA therapy is discontinued.
	- Immediately following PCA administration tubing change, Post-op
[] Richmond agitation sedation scale	Routine, Once Hold infusion daily at:
	Target RASS:
	BIS Monitoring (Target BIS: 40-60):
	60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of
	therapy and when patient complains of pain and/or side effects., Post-op
[] Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason
	- Inadequate analgesia
	- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy
	 PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less
following:	- Severe and/or recent confusion or disorientation
	- POSS sedation level 4: Somnolent and difficult to arouse
	- Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting
1	- Urinary retention, Post-op

[]	naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.
) fe	ntaNYL PCA (SUBLIMAZE) 600 mcg/30 mL	
	fentaNYL (SÙBLIMAZE) 600 mcg/30 mL PCA	Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout Interval: Not Ordered Continuous Dose: 0 mcg/hr MAX (Four hour dose limit): 150 mcg intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, ma bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors.
		Turn Off PCA Continuous Dose (Basal Rate) On Date:
[]	Vital signs - T/P/R/BP	Turn Off PCA Continuous Dose (Basal Rate) At Time: Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change, Post-op
[]	Richmond agitation sedation scale	Routine, Once Hold infusion daily at: Target RASS: BIS Monitoring (Target BIS: 40-60): 60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects., Post-op
[]	Notify Physician (Specify)	 Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therap PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op
[]	Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute o less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention, Post-op
[]	naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.
hliN	Pain (Pain Score 1-3) or Fever	
	cetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever, Post-op
		Contact physician for fever GREATER than 101 F
rintor	1 on 6/1/2020 at 1:55 PM from SLIP	Page 13 of 2

() HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op
tablet	Give if patient is able to tolerate oral medication
() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op
per tablet	Give if patient is able to tolerate oral medication
() traMADol (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
() oxyCODONE-acetaminophen (PERCOCET) 5-325 mg	Give if patient is able to tolerate oral medication 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6),
per tablet	Post-op Give if patient is able to tolerate oral medication
IV for Moderate Pain (Pain Score 4-6) (Single Response) If you select a PCA option you will not be allowed to also or	ler IV PRN pain medications from this section.
() morPHINE injection	1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6), Post-op
	Give if patient cannot tolerate oral medications or a faster onset of action is required.
Oral for Severe Pain (Pain Score 7-10) (Single Response)	
 HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet 	1 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op
() traMADol (ULTRAM) tablet	Give if patient is able to tolerate oral medication 100 mg, oral, every 6 hours PRN, severe pain (score 7-10),
	Post-op
	Give if patient is able to tolerate oral medication
 () oxyCODone-acetaminophen (PERCOCET) 10-325 mg per tablet 	1 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
IV for Severe Pain (Pain Score 7-10) (Single Response)	
If you select a PCA option you will not be allowed to also or	ler IV PRN pain medications from this section.
If you select a PCA option you will not be allowed to also or	
If you select a PCA option you will not be allowed to also or	2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient cannot tolerate oral medications or a faster
	 2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient cannot tolerate oral medications or a faster onset of action is required. 0.2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op
If you select a PCA option you will not be allowed to also ord () morPHINE injection () hydromorPHONE (DILAUDID) injection	 2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient cannot tolerate oral medications or a faster onset of action is required. 0.2 mg, intravenous, every 4 hours PRN, severe pain (score
If you select a PCA option you will not be allowed to also ord () morPHINE injection () hydromorPHONE (DILAUDID) injection Respiratory	 2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient cannot tolerate oral medications or a faster onset of action is required. 0.2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed
If you select a PCA option you will not be allowed to also ord () morPHINE injection () hydromorPHONE (DILAUDID) injection Respiratory	 2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient cannot tolerate oral medications or a faster onset of action is required. 0.2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient
If you select a PCA option you will not be allowed to also ord () morPHINE injection () hydromorPHONE (DILAUDID) injection Respiratory	 2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient cannot tolerate oral medications or a faster onset of action is required. 0.2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3). Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg).
If you select a PCA option you will not be allowed to also ord () morPHINE injection () hydromorPHONE (DILAUDID) injection Respiratory	 2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient cannot tolerate oral medications or a faster onset of action is required. 0.2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3). Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT
If you select a PCA option you will not be allowed to also ord () morPHINE injection () hydromorPHONE (DILAUDID) injection Respiratory	 2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient cannot tolerate oral medications or a faster onset of action is required. 0.2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3). Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT
If you select a PCA option you will not be allowed to also ord	 2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient cannot tolerate oral medications or a faster onset of action is required. 0.2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3
If you select a PCA option you will not be allowed to also ord () morPHINE injection () hydromorPHONE (DILAUDID) injection Respiratory [X] naloxone (NARCAN) injection	 2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient cannot tolerate oral medications or a faster onset of action is required. 0.2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3

[] simethicone (MYLICON) chewable tablet	160 mg, oral, 4 times daily PRN, flatulence, Post-op
bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op
	Suppository can be used if oral therapy is not tolerated or ineffective.
[] senna (SENOKOT) tablet	1 tablet, oral, 2 times daily PRN, constipation, Post-op
[] diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet	1 tablet, oral, 4 times daily PRN, diarrhea, Post-op

Antiemetics - HMSL, HMWB Only

	etron (ZOFRAN) IV or Oral (Selection Req	
[X] ondar	nsetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
	egrating tablet	Give if patient is able to tolerate oral medication.
[X] ondar	nsetron (ZOFRAN) 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.
[X] prometh	nazine (PHENERGAN) IV or Oral or Recta	
	ethazine (PHENERGAN) 12.5 mg in m chloride 0.9 % 0.9 % 20 mL for	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting, Post-op
Alaris	s pump syringe option	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] prom	ethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[X] prome	ethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMH, HMSJ, HMW, HMSTC, HMTW Only

[X] ondansetron (ZOFRAN) IV or Oral (Selection Rec	uired) "Or" Linked Panel
 [X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 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.
[X] promethazine (PHENERGAN) IV or Oral or Recta	"Or" Linked Panel
[X] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMSTJ Only

[X] ondansetron (ZOFRAN) IV or Oral (Selection Re	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 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.
[X] promethazine (PHENERGAN) IVPB or Oral or Re	ectal "Or" Linked Panel
[X] promethazine (PHENERGAN) 25 mg in	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea,
sodium chloride 0.9 % 50 mL IVPB	vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
	tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Itching: For Patients GREATER than 77 years old	(Single Response)
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
Itching: For Patients between 70-76 years old (Sir	ngle Response)
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
Itching: For Patients LESS than 70 years old (Sing	gle Response)
() diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 6 hours PRN, itching, Post-op
() hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching, Post-op
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
 fexofenadine (ALLEGRA) tablet - For eGFR LESS 80 mL/min, reduce frequency to once daily as need 	
Insomnia: For Patients GREATER than 70 years o	Id (Single Response)
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
Insomnia: For Patients LESS than 70 years old (S	ingle Response)
() zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
VTE	
DVT Risk and Prophylaxis Tool (Single Response) (Selection Required) URL: "\appt1.pdf"
() Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis	ic 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 fac	ctors
[] Low Risk (Single Response) (Selection Require	ed)
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
() MODERATE Risk of DVT - Surgical (Selection Re	equired)
contraindicated.	lechanical prophylaxis is optional unless pharmacologic is
stroke, rheumatologic disease, sickle cell disease Age 60 and above	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy	rs
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	

[] Moderate Risk (Selection Required)	Politing Once DACIL® Post on
[] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - 3	Routine, Once, PACU & Post-op Surgical
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic pro BUT order Sequential compression device	phylaxis "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 pro AND mechanical prophylaxis	phylaxis "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 Res (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 CrCI 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 CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
() heparin (porcine) injection	Thrombocytopenia (HIT): 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	on

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

Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. Me contraindicated.	echanical prophylaxis is optional unless pharmacologic is
stroke, rheumatologic disease, sickle cell disease,	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous 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) (Selecti Required)	
() Contraindications exist for pharmacologic prop Order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	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 prop AND mechanical prophylaxis	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
 enoxaparin (LOVENOX) injection (Single Resp (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	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	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	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	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:
() HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	must be addressed.
or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
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 - Surgio (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 Res (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 CrCI 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 CrCI 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS
() warfarin (COUMADIN) tablet	than 50kg and age GREATER than 75yrs. 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) (Se Required)	lection
() 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 Requ	uired)

or protein S deficiency; hyperhomocysteinemia; m 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	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
History of PE	
] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
 High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) 	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res (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	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCI 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) (Se Required)	lection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op

(

High Risk Definition		
Both pharmacologic AND mechanical prophylaxis	must be addressed.	
One or more of the following medical conditions:		
Thrombophilia (Factor V Leiden, prothrombin varia	ant 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		
(Arthroplasty) Surgical Patient (Single Respons	Se)	
(Selection Required)		
() Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	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 Res		
(Selection Required)	ponsej	
() enoxaparin (LOVENOX) syringe	40 mg, suboutanoous, daily at 0600 (TIME CDITICAL) Starting S 1	
	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	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1	
Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min.	
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),	
Patients weight between 100-139 kg and	Starting S+1	
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30	
	mL/min.	
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),	
Patients weight between 140 kg or	Starting S+1	
GREATER and CrCl GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 30	
mL/min	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):	
() henarin (norgina) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM	
() heparin (porcine) injection		
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM	
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS	
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.	
() rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1	
knee arthroplasty planned during this	To be Given on Post Op Day 1.	
admission	Indications:	
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1	
	Indication:	
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S	
(COUMADIN)	Indication:	
[] Mechanical Prophylaxis (Single Response) (Se		
[] Mechanical Frophylaxis (Single Response) (Se		

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 factor	ors
[] Low Risk (Single Response) (Selection Required	(b
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
() MODERATE Risk of DVT - Surgical (Selection Reg	uired)
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Me contraindicated.	chanical prophylaxis is optional unless pharmacologic is
stroke, rheumatologic disease, sickle cell disease, 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	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
[] Moderate Risk (Selection Required)[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic propl BUT order Sequential compression device	hylaxis "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 propl AND mechanical prophylaxis	nylaxis "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

(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 3
) fondaparinux (ARIXTRA) injection	mL/min 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
) warfarin (COUMADIN) tablet	than 50kg and age GREATER than 75yrs. oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op
	Indication:
) Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN) MODERATE Risk of DVT - Non-Surgical (Select Required) Addrete Risk Definition	Indication: tion
MODERATE Risk of DVT - Non-Surgical (Select Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated. Dne or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam	tion Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
MODERATE Risk of DVT - Non-Surgical (Select Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho 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)	tion Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous se, leg swelling, ulcers, venous stasis and nephrotic syndrome urs
MODERATE Risk of DVT - Non-Surgical (Select Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflametroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho 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 Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection	tion Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous se, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once, PACU & Post-op
 MODERATE Risk of DVT - Non-Surgical (Select Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated. Dne or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamstroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho 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 Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Sele Required) Contraindications exist for pharmacologic pr Order Sequential compression device 	tion Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once, PACU & Post-op ection ophylaxis - "And" Linked Panel
MODERATE Risk of DVT - Non-Surgical (Select Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated. Dne or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho 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 Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Sele Required) Ocntraindications exist for pharmacologic pr	tion Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once, PACU & Post-op

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	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
		PACU & Post-op
[]	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following
propriylaxio		contraindication(s):
		PACU & Post-op
()	enoxaparin (LOVENOX) injection (Single Resp	
	(Selection Required)	
$\overline{()}$	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
$\frac{()}{()}$	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
$\overline{()}$	patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
()	CrCl GREATER than 30 mL/min	
	CICI GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
$\overline{()}$		mL/min
()		40 mg, subcutaneous, 2 times daily, Starting S
	CrCl GREATER than 30 mL/min	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 CrCI LESS than 30 mL/min
		This patient has a history of or suspected case of Heparin-Induced
		Thrombocytopenia (HIT):
	hanavia (navaina) inization	
. ,	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
	weight < 50kg and age > 75yrs) warfarin (COUMADIN) tablet	
		oral, daily at 1700 (TIME CRITICAL), PACU & Post-op
()	warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication:
()	warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication: STAT, Until discontinued, Starting S
()	warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN)	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication:
() ()) HIG	warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) H Risk of DVT - Surgical (Selection Required)	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication: STAT, Until discontinued, Starting S
() () HIG Higt	warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) H Risk of DVT - Surgical (Selection Required) n Risk Definition	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication:
() ())HIG High Bot	warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) H Risk of DVT - Surgical (Selection Required) n Risk Definition n pharmacologic AND mechanical prophylaxis	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication:
() () HIG High Both One	warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) H Risk of DVT - Surgical (Selection Required) h Risk Definition h pharmacologic AND mechanical prophylaxis or more of the following medical conditions:	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication: must be addressed.
() () HIG High Both One Thro	warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) H Risk of DVT - Surgical (Selection Required) h Risk Definition h pharmacologic AND mechanical prophylaxis or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication: must be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
() () HIG High Both One Thrc or p	warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) H Risk of DVT - Surgical (Selection Required) h Risk Definition h pharmacologic AND mechanical prophylaxis or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia rotein S deficiency; hyperhomocysteinemia; my	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication: must be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
() () HIG Botl One Thrc or p Sev	warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) H Risk of DVT - Surgical (Selection Required) h Risk Definition h pharmacologic AND mechanical prophylaxis or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia rotein S deficiency; hyperhomocysteinemia; my ere fracture of hip, pelvis or leg	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication: must be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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() () HIG Higt Botl One Thrc or p Sev Ac Mul Abd Acu Hist [] + [] [] + (() ()	warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) H Risk of DVT - Surgical (Selection Required) n Risk Definition n pharmacologic AND mechanical prophylaxis or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia rotein S deficiency; hyperhomocysteinemia; my ere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas ominal or pelvic surgery for CANCER te ischemic stroke ory of PE ligh Risk (Selection Required) High risk of VTE ligh Risk Pharmacological Prophylaxis - Surgic Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication: STAT, Until discontinued, Starting S Indication: must be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once, PACU & Post-op al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op PACU & Post-op xonse)

ency; hyperhomocysteinemia; m hip, pelvis or leg d injury with paresis umas ic surgery for CANCER roke ection Required) TE macological Prophylaxis - Non-S Response) (Selection Required) ons exist for pharmacologic OVENOX) injection (Single Resp quired) LOVENOX) syringe CrCL LESS than 30 mL/min	Routine, Once, PACU & Post-op Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
ency; hyperhomocysteinemia; m hip, pelvis or leg d injury with paresis umas ic surgery for CANCER roke ection Required) TE macological Prophylaxis - Non-S Response) (Selection Required) ons exist for pharmacologic OVENOX) injection (Single Resp quired) LOVENOX) syringe	Routine, Once, PACU & Post-op Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S 30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
ency; hyperhomocysteinemia; m hip, pelvis or leg d injury with paresis umas ic surgery for CANCER roke ection Required) ITE macological Prophylaxis - Non-S Response) (Selection Required) ons exist for pharmacologic OVENOX) injection (Single Res quired)	Routine, Once, PACU & Post-op Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse)
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ency; hyperhomocysteinemia; m hip, pelvis or leg d injury with paresis umas ic surgery for CANCER roke ection Required) IE macological Prophylaxis - Non-S Response) (Selection Required)	Routine, Once, PACU & Post-op Burgical) Routine, Once
ency; hyperhomocysteinemia; m hip, pelvis or leg d injury with paresis umas ic surgery for CANCER roke ection Required) IE macological Prophylaxis - Non-S Response) (Selection Required)	Routine, Once, PACU & Post-op
ency; hyperhomocysteinemia; m hip, pelvis or leg d injury with paresis umas ic surgery for CANCER roke ection Required) IE macological Prophylaxis - Non-S	Routine, Once, PACU & Post-op
ency; hyperhomocysteinemia; m hip, pelvis or leg d injury with paresis umas ic surgery for CANCER roke ection Required)	yeloproliferative disorders)
ency; hyperhomocysteinemia; m hip, pelvis or leg d injury with paresis umas ic surgery for CANCER roke	
ency; hyperhomocysteinemia; m hip, pelvis or leg d injury with paresis umas ic surgery for CANCER	
ency; hyperhomocysteinemia; m hip, pelvis or leg d injury with paresis umas ic surgery for CANCER	
ency; hyperhomocysteinemia; m hip, pelvis or leg d injury with paresis umas	
ency; hyperhomocysteinemia; m hip, pelvis or leg d injury with paresis	
ency; hyperhomocysteinemia; m	
ctor VI eiden prothromhin vorig	
e following medical conditions:	
on gic AND mechanical prophylaxis	must be addressed.
- Non-Surgical (Selection Requ	iired)
lous	·
n sequential compression	Routine, Continuous, PACU & Post-op
	No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
ons exist for mechanical	Routine, Once
ophylaxis (Single Response) (Se	IECTION
_	Indication:
nsult to manage warfarin	Indication: STAT, Until discontinued, Starting S
MADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op
and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
th high risk of bleeding, e.g.	Post-op
ne) injection (Recommended	Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
ne) injection	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
	This patient has a history of or suspected case of Heparin-Induced
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.
	If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
(ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op
	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
ER than 30 mL/min	Starting S+1
	mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
ER than 30 mL/min	Starting S+1 For Patients weight between 100-139 kg and CrCI GREATER than 30
je Je	ht between 100-139 kg AND ER than 30 mL/min ht 140 kg or GREATER AND ER 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 CrCI 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) (Se Required) 	election
() 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	on
Required)	
High Risk Definition	e must be addressed
High Risk Definition Both pharmacologic AND mechanical prophylaxis	s must be addressed.
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n 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	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n 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	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n 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	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once, PACU & Post-op or Knee
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; mosevere 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 I High Risk (Selection Required) I High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once, PACU & Post-op or Knee se) Routine, Once
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; in 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 [] High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required)	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once, PACU & Post-op or Knee se)
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High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; m 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 Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Response (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet	Routine, Once, PACU & Post-op rr Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
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 High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; in 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 High Risk (Selection Required) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () enoxaparin (LOVENOX) injection (Single Response (Selection Required) 	Routine, Once, PACU & Post-op rr Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Sponse)

() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 140 kg or	Starting S+1
GREATER and CrCl GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	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 CrCI 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1
knee arthroplasty planned during this	To be Given on Post Op Day 1.
admission	Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
] Mechanical Prophylaxis (Single Response) (Se	election
Required) () Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
μισμιγιαχίο	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	

Labs Today

Hematology/Coagulation

[] Hemoglobin and hematocrit	Once, Post-op
[] CBC with platelet and differential	Once, Post-op
[] Prothrombin time with INR	Once, Post-op
[] Partial thromboplastin time	Once, Post-op

Chemistry

[] Basic metabolic panel	Once, Post-op
[] Magnesium	Once, Post-op
[] Calcium	Once, Post-op
[] Thromboelastograph	Once Anticoagulant Therapy:
	Diagnosis: Fax Number (For TEG Graph Result):
	Post-op

Labs Tomorrow

Hematology/Coagulation

[] Hemoglobin and hematocrit	AM draw For 1 Occurrences, Post-op
[] CBC with platelet and differential	AM draw For 1 Occurrences, Post-op
[] Prothrombin time with INR	AM draw For 1 Occurrences, Post-op
[] Partial thromboplastin time	AM draw For 1 Occurrences, Post-op

Chemistry

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[] Basic metabolic panel	AM draw For 1 Occurrences, Post-op
[] Magnesium	AM draw For 1 Occurrences, Post-op
[] Calcium	AM draw For 1 Occurrences, Post-op
[] Thromboelastograph - In AM on post-operative day #1	AM draw For 1 Occurrences Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): In AM on post-operative day #1, Post-op
[] Thromboelastograph - at noon on post-operative day #1	Timed, Starting S+1 at 12:00 PM For 1 Occurrences Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): At Noon on post-operative day #1, Post-op

Cardiology

Imaging

X-Ray

[] Chest 1 Vw Portable

Routine, 1 time imaging For 1, Post-op

Other Studies

Respiratory

Respiratory

[X] Incentive spirometry

Routine, Every hour While awake, Post-op

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

[] Consult to Case Management	Consult Reason:
	Post-op
[] Consult to Social Work	Reason for Consult:
	Post-op
[] 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
[] Consult PT wound care	Special Instructions: Location of Wound? Post-op
[] 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
[] Consult to Nutrition Services	Reason For Consult? Purpose/Topic: Post-op
[] Consult to Spiritual Care	Reason for consult? Post-op

[] Consult to Speech Language Pathology	Routine, Once Reason for consult: Post-op
[] 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
[] Consult to Respiratory Therapy	Reason for Consult? Post-op

Additional Orders