Free Flap PostOp [1898]

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	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

Admission or Observation (Single Response)

( )	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. Scheduling/ADT
( )	Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT
( )	Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments: Scheduling/ADT

Admission or Observation (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. Scheduling/ADT
( ) Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT
( ) Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments: Scheduling/ADT
( ) 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. Scheduling/ADT
( ) Transfer patient	Level of Care: Bed request comments:
( ) 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 (Single Response)

( ) Full code	Code Status decision reached by: Post-op
( ) DNR (Do Not Resuscitate) (Selection Required)	
[ ] DNR (Do Not Resuscitate)	Does patient have decision-making capacity? Post-op

[ ]	Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[ ]	Consult to Social Work	Reason for Consult: Post-op
( )	Modified Code	Does patient have decision-making capacity? Modified Code restrictions: Post-op
( )	Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op

Isolation

[ ]	Airborne isolation status	
[ ]	Airborne isolation status	Details
[ ]	Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum, Post-op
[ ]	Contact isolation status	Details
[ ]	Droplet isolation status	Details
[ ]	Enteric isolation status	Details

Precautions

[ ]	Aspiration precautions	Post-op
[ ]	Fall precautions	Increased observation level needed: Post-op
[ ]	Latex precautions	Post-op
[ ]	Seizure precautions	Increased observation level needed: Post-op

Nursing General

Vital Signs

[X]	Vital signs - T/P/R/BP	Routine, Every 15 min Vital signs every 15 minutes x 2 hours, every 30 minutes x 4 hours, and then every hour after that , Post-op
[ ]	Vital signs - T/P/R/BP	Routine, Every hour, Post-op

Nursing Care

[ ]	Intake and output	Routine, Per unit protocol, Post-op
[ ]	Do not remove Foley	Routine, Until discontinued, Starting S Rationale: Post-op
[ ]	Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain,to gravity Post-op
[ ]	Foley catheter - discontinue	Routine, Once, Post-op
[ ]	Limb precautions	Location: Precaution: Post-op
[X]	Place/Maintain sequential compression device continuous	Routine, Continuous Bilateral at all times, Post-op
[ ]	Keep room temperature at 76 degrees F.	Routine, Until discontinued, Starting S, 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

Flap Assessment

[ ] Flap assessment	Routine, Every hour Side: Location: Assessment: Notify plastic surgery resident on call and attending/faculty surgeon for ANY questions regarding the flap. Post-op

Wound/Drain Care

[ ] Drain care: To bulb suction. Attach bulbs to gown with safety pins. Do NOT tape drains to patient.. Strip tubing and record output ever 4 hours	Routine, Every 4 hours Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt Care Details: Attach bulbs to gown with safety pins. Do NOT tape drains to patient. Record output every time bulb is emptied. Drainage/Suction: To Compression (Bulb) Suction,Strip tubing Flush drain with: Post-op
[ ] Provide equipment / supplies at bedside: Adaptic, Hydrogen peroxide, 4x4 Gauze, Kerlix, Q-Tips, Saline, Suture removal kit	Routine, Once Supplies: Adaptic,Hydrogen peroxide,4X4 Gauze,Kerlix,Q-Tips,Saline,Suture removal kit Post-op
[ ] Provide equipment / supplies at bedside	Routine, Once Supplies: 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, Every 12 hours Wound care to be performed by: Location: Site: Irrigate wound? Apply: Dressing Type: Post-op

Notify

[ ] Notify Plastic Surgeon for approval prior to administering any vasopressors or diuretic drugs	Routine, Until discontinued, Starting S, Post-op
[ ] Notify Physician (Specify)	Routine, Until discontinued, Starting S, Post-op

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

[ ] Diet- Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: 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: 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

Nursing: Facial Reanimation

Activity/Positioning

[ ] Strict bed rest	Routine, Until discontinued, Starting S Head of Bed elevated 45-80 degrees, bed in flex position at hips., Post-op
[ ] Head of bed 45 degrees	Routine, Until discontinued, Starting S Head of bed: 45 degrees 45-80 degrees, Post-op
[ ] Patient position: no pillow under head	Routine, Until discontinued, Starting S Position: Additional instructions: No pillow under head, Post-op

Nursing Care

[ ] No brushing teeth	Routine, Until discontinued, Starting S, Post-op
[ ] No incentive spirometry	Routine, Until discontinued, Starting S, Post-op
[ ] No pressure on face	Routine, Until discontinued, Starting S, Post-op
[ ] No straws	Routine, Until discontinued, Starting S OK to sip from cup or use a syringe , Post-op
[ ] Assess cheek for signs of hematoma	Routine, Once Assess: cheek for signs of hematoma Post-op
[ ] Encourage deep breathing	Routine, Until discontinued, Starting S, Post-op

Nursing: Head and Neck

Activity/Positioning

[ ] Strict bed rest	Routine, Until discontinued, Starting S Head of Bed elevated 45-80 degrees, bed in flex position at hips., Post-op

[ ] Head of bed 45 degrees	Routine, Until discontinued, Starting S Head of bed: 45 degrees 45-80 degrees , Post-op
[ ] Patient position: no pillows under head	Routine, Until discontinued, Starting S Position: Additional instructions: no pillows under head, Post-op
[ ] No trach ties	Routine, Until discontinued, Starting S, Post-op
[ ] Nothing around neck	Routine, Until discontinued, Starting S, Post-op
[ ] Patient position: no moving head side to side	Routine, Until discontinued, Starting S Position: Additional instructions: no moving head side to side, Post-op
[ ] Patient position: place rolled sheets on either side of head to prevent movement	Routine, Until discontinued, Starting S Position: Additional instructions: place rolled sheets on either side of head to prevent movement, Post-op

Nursing Care

[ ] Keep moist gauze on tongue to prevent desiccation	Routine, Once, Post-op

Nursing: Lower Extremity

Activity/Positioning

[ ] Strict bed rest	Routine, Until discontinued, Starting S Head of Bed elevated 45 degrees, bed in flex position at hips., Post-op
[ ] Patient position: Elevate affected extremity	Routine, Until discontinued, Starting S Position: Additional instructions: elevate extremity Extremity: Post-op
[ ] Do not allow extremity to dangle until dangle protocol initiated	Routine, Until discontinued, Starting S, Post-op
[ ] Keep splint in place	Routine, Until discontinued, Starting S, Post-op

Nursing Care

[ ] Apply warming blanket	Routine, Once Bair hugger at 43 degrees Celsius to affected extremity and cover with a blanket , Post-op
[ ] Notify Orthopedics for problems with pins or device if patient has an external fixator	Routine, Until discontinued, Starting S, Post-op
[ ] Dangle protocol	Routine, Once Duration (minutes): Allow patient to dangle affected extremity per specified frequency and duration. Return to elevation immediately if the flap becomes congested or patient has worsening pain and swelling. Flap checks with every position change., Post-op
[ ] Heat lamp	Routine, Once Duration of treatment (minutes): Distance from site: To bedside, Post-op

IV Fluids

IV Fluids

[ ] sodium chloride 0.9 % infusion	125 mL/hr, intravenous, continuous, Post-op
[ ] lactated Ringer's infusion	125 mL/hr, intravenous, continuous, Post-op
[ ] dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	125 mL/hr, intravenous, continuous, Post-op

[ ]	sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	125 mL/hr, intravenous, continuous, Post-op
[ ]	sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	125 mL/hr, intravenous, continuous, Post-op

Medications

Pharmacy Consult

[ ]	Pharmacy consult to manage dosing of medication	STAT, Until discontinued, Starting S Which drug do you need help dosing? Contact Number:

IV Antibiotics: For Patients LESS than or EQUAL to 120 kg

[ ]	ampicillin IV	1.5 g, intravenous, for 30 Minutes, every 6 hours, Post-op Reason for Therapy:
[ ]	ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, every 6 hours, Post-op Reason for Therapy:
[ ]	cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, every 8 hours, Post-op Reason for Therapy:
[ ]	cefepime (MAXIPIME) IV	1 g, intravenous, every 8 hours, Post-op Reason for Therapy:
[ ]	ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, every 12 hours, Post-op Reason for Therapy:
[ ]	clindamycin (CLEOCIN) IV	600 mg, intravenous, for 30 Minutes, every 8 hours, Post-op Use if patient penicillin allergic. Reason for Therapy:
[ ]	metronidazole (FLAGYL) IV	500 mg, intravenous, every 8 hours, Post-op Reason for Therapy:
[ ]	vancomycin IV plus Optional Pharmacy Consult to Dose Vancomycin	
[ ]	vancomycin (VANCOCIN)	15 mg/kg, intravenous, Post-op Reason for Therapy:
[ ]	Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication:

IV Antibiotics: For Patients GREATER than 120 kg

[ ]	ampicillin IV	1.5 g, intravenous, for 30 Minutes, every 6 hours, Post-op Reason for Therapy:
[ ]	ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, every 6 hours, Post-op Reason for Therapy:
[ ]	cefazolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, every 8 hours, Post-op Reason for Therapy:
[ ]	cefepime (MAXIPIME) IV	1 g, intravenous, every 8 hours, Post-op Reason for Therapy:
[ ]	ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, every 12 hours, Post-op Reason for Therapy:
[ ]	clindamycin (CLEOCIN) IV	600 mg, intravenous, for 30 Minutes, every 8 hours, Post-op Use if patient penicillin allergic. Reason for Therapy:
[ ]	metronidazole (FLAGYL) IV	500 mg, intravenous, every 8 hours, Post-op Reason for Therapy:
[ ]	vancomycin IV plus Optional Pharmacy Consult to Dose Vancomycin	
[ ]	vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses, Post-op Reason for Therapy:
[ ]	Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication:

Oral Antibiotics

[ ]	amoxicillin-pot clavulanate (AUGMENTIN) 875-125 mg per tablet	1 tablet, oral, 2 times daily, Post-op Reason for Therapy:

[ ] cephalexin (KEFLEX) capsule	500 mg, oral, every 8 hours, Post-op Reason for Therapy:
[ ] ciprofloxacin HCl (CIPRO) tablet	500 mg, oral, 2 times daily at 0600, 1600, Post-op Reason for Therapy:
[ ] clindamycin (CLEOCIN) capsule	150 mg, oral, 3 times daily, Post-op Use if patient is penicillin allergic. Reason for Therapy:
[ ] minocycline (MINOCIN,DYNACIN) capsule	100 mg, oral, every 12 hours, Post-op Reason for Therapy:
[ ] sulfamethoxazole-trimethoprim (BACTRIM DS) 800-160 mg tablet	1 tablet, oral, every 12 hours at 0900, 2100 (TIME CRITICAL), Post-op Reason for Therapy:

Topical Antibiotics

[ ] bacitracin ointment	Topical, 3 times daily, Post-op Apply to drain site.
[ ] bacitracin-polymyxin B (POLYSPORIN) ointment	Topical, 3 times daily, Post-op Apply to drain site.
[ ] neomycin-bacitracin-polymyxinB (NEOSPORIN) ointment	Topical, 3 times daily, Post-op Apply to drain site.
[ ] mupirocin (BACTROBAN) 2 % ointment	Topical, 3 times daily, Post-op Apply to drain site.
[ ] povidone-iodine (BETADINE) ointment	Topical, 3 times daily, Post-op Apply to drain site.

Ophthalmic Antibiotic Ointments (Single Response)

( ) gentamicin (GARAMYCIN) 0.3 % (3 mg/gram) ophthalmic ointment	3 times daily, Post-op
( ) tobramycin-dexamethasone (TOBRADEX) ophthalmic ointment	Both Eyes, 3 times daily, Post-op

Facial Operations

[ ] chlorhexidine (PERIDEX) 0.12 % solution	15 mL, Mouth/Throat, 2 times daily, Post-op Swish and Spit
[ ] artificial tears ophthalmic solution	2 drop, Both Eyes, every 4 hours PRN, dry eyes, Post-op
[ ] artificial tears ointment	Both Eyes, nightly PRN, dry eyes, Post-op
[ ] clonIDINE HCl (CATAPRES) tablet	oral, 2 times daily PRN, high blood pressure, Post-op HOLD parameters for this order: Contact Physician if:

Anticoagulants

[ ] enoxaparin (LOVENOX) injection (Single Response)		
	( ) enoxaparin (LOVENOX) injection 30 mg	30 mg, subcutaneous, 2 times daily, Starting S+1, Post-op Post-operative Day #1. Once cleared by plastics.
	( ) enoxaparin (LOVENOX) injection 40 mg	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:

Anxiolytics: For Patients LESS than 65 years old

[ ] LORAZepam (ATIVAN) tablet	1 mg, oral, every 6 hours PRN, anxiety, Post-op Indication(s): Anxiety

Anxiolytics: For Patients GREATER than or EQUAL to 65 years old

[ ] LORAZepam (ATIVAN) tablet	0.5 mg, oral, every 6 hours PRN, anxiety, Post-op Indication(s): Anxiety

Muscle Spasms

Caution: muscle relaxants should be minimized in patients over 65 years of age.

[ ] cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 8 hours PRN, muscle spasms, Post-op
[ ] methocarbamol (ROBAXIN) tablet	500 mg, oral, 3 times daily PRN, muscle spasms, Post-op

Muscle Pain

[ ] 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-Q Pump	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-Q Pump	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

[ ] 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
[ ] 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.
[ ] 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

[ ]	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
[ ]	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
[ ]	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.
[ ]	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
[ ]	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

[ ] 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.

( ) fentaNYL 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 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. - Immediately following PCA administration tubing change
[ ] 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.
[ ] 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
[ ] 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
[ ] 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
[ ] 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.
[ ] 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
[ ] 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
[ ] 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
[ ] 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.
[ ] 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
[ ] 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
[ ] 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.

( ) fentaNYL PCA (SUBLIMAZE) 600 mcg/30 mL

[ ] fentaNYL (SUBLIMAZE) 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, 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. - Immediately following PCA administration tubing change

[ ]	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.
[ ]	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
[ ]	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
[ ]	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.

Mild Pain (Pain Score 1-3) or Fever

[ ]	acetaminophen (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

Oral for Moderate Pain (Pain Score 4-6) (Single Response)

( )	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op
( )	HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op
( )	traMADol (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
( )	oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op

IV for Moderate Pain (Pain Score 4-6) (Single Response)

If you select a PCA option you will not be allowed to also order 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	100 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op
( )	oxyCODone-acetaminophen (PERCOCET) 10-325 mg per tablet	1 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op

IV for Severe Pain (Pain Score 7-10) (Single Response)

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.

( ) morPHINE 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.
( ) hydromorPHONE (DILAUDID) injection	0.2 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.

Respiratory

[X] naloxone (NARCAN) injection	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.

Bowel Care

[ ] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Post-op Use docusate for stool softener as needed.
[ ] 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

[ ] ondansetron (ZOFRAN) IV or Oral (Selection Required)		**"Or" Linked Panel**
[ ] 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.	
[ ] 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.	
[ ] promethazine (PHENERGAN) IV or Oral or Rectal		**"Or" Linked Panel**
[ ] promethazine (PHENERGAN) 12.5 mg IV	6.25 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.	
[ ] 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.	
[ ] 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

[X] ondansetron (ZOFRAN) IV or Oral (Selection Required)		**"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 Rectal		**"Or" Linked Panel**

[X] promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (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

[X] ondansetron (ZOFRAN) IV or Oral (Selection Required)	**"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) IVPB or Oral or Rectal	**"Or" Linked Panel**
[X] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (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 (Single Response)

( ) cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op

Itching: For Patients LESS than 70 years old (Single 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 than 80 mL/min, reduce frequency to once daily as needed	60 mg, oral, 2 times daily PRN, itching, Post-op

Insomnia: For Patients GREATER than 70 years old (Single Response)

( ) ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op

Insomnia: For Patients LESS than 70 years old (Single 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 therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
( ) LOW Risk of DVT (Selection Required)	

Low Risk Definition
Age less than 60 years and NO other VTE risk factors

[ ] Low Risk (Single Response) (Selection Required)

( ) Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op

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

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

[ ] Moderate Risk (Selection Required)

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

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

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

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

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

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

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

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

[ ] Moderate Risk (Selection Required)

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

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

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

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

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

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

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S For Patients with CrCL LESS than 30 mL/min

( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

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

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

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

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

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

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

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

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

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

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S For Patients with CrCL LESS than 30 mL/min
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL) Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

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

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

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

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

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1

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

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
( ) enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

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

DVT Risk and Prophylaxis Tool (Single Response)

URL: "\appt1.pdf"

( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op

( ) LOW Risk of DVT (Selection Required)

Low Risk Definition
Age less than 60 years and NO other VTE risk factors

[ ] Low Risk (Single Response) (Selection Required)

( ) Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op

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

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

[ ] Moderate Risk (Selection Required)

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

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

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

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

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

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

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

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

( )	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
( )	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min
( )	patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( )	patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
( )	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( )	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( )	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( )	warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:
( )	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

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

[ ] Moderate Risk (Selection Required)

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

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

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

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

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

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

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S For Patients with CrCL LESS than 30 mL/min
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

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

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

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

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

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

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

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

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

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

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

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S For Patients with CrCL LESS than 30 mL/min
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL) Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

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

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

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

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

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

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

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

Labs 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	Once, Starting S+1, Post-op
[ ] CBC with platelet and differential	Once, Starting S+1, Post-op
[ ] Prothrombin time with INR	Once, Starting S+1, Post-op
[ ] Partial thromboplastin time	Once, Starting S+1, Post-op

Chemistry

[ ] Basic metabolic panel	Once, Starting S+1, Post-op
[ ] Magnesium	Once, Starting S+1, Post-op
[ ] Calcium	Once, Starting S+1, Post-op
[ ] Thromboelastograph	AM draw For 1 Occurrences Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): In AM on post-operative day #1, Post-op
[ ] Thromboelastograph	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 On arrival to SICU, Post-op
[ ] Chest 1 Vw Portable	Routine, 1 time imaging For 1 , Post-op
[ ] Abdomen 1 Vw Portable	Routine, 1 time imaging For 1 , Post-op

Other Studies

Respiratory

Respiratory

[ ] Incentive spirometry	Routine, Every hour 10 times per hour, 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