Plastic Surgery Admission (not for Post-Op) [2056]

This order set is NOT to be used for Post-Operative care orders. Use Plastic Surgery Post-Op order set for Post-Operative care orders.

General			
Common Present on Admission Diagnosis			
[] Acidosis	Details		
Acute Post-Hemorrhagic Anemia	Details		
Acute Renal Failure	Details		
Acute Respiratory Failure	Details		
[] Acute Thromboembolism of Deep Veins of Lower Extremities	Details		
[] Anemia	Details		
[] Bacteremia	Details		
[] Bipolar disorder, unspecified	Details		
[] Cardiac Arrest	Details		
[] Cardiac Dysrhythmia	Details		
[] Cardiogenic Shock	Details		
[] Decubitus Ulcer	Details		
[] Dementia in Conditions Classified Elsewhere	Details		
[] Disorder of Liver	Details		
[] Electrolyte and Fluid Disorder	Details		
[] Intestinal Infection due to Clostridium Difficile	Details		
[] Methicillin Resistant Staphylococcus Aureus Infection	Details		
Obstructive Chronic Bronchitis with Exacerbation	Details		
[] Other Alteration of Consciousness	Details		
[] Other and Unspecified Coagulation Defects	Details		
[] Other Pulmonary Embolism and Infarction	Details		
[] Phlebitis and Thrombophlebitis	Details		
[] Protein-calorie Malnutrition	Details		
[] Psychosis, unspecified psychosis type	Details		
[] Schizophrenia Disorder	Details		
[] Sepsis	Details		
[] Septic Shock	Details		
[] Septicemia	Details		
[] Type II or Unspecified Type Diabetes Mellitus with	Details		
Mention of Complication, Not Stated as Uncontrolled	5		
[] Urinary Tract Infection, Site Not Specified	Details		
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:		
I	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
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.
() Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments:
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.
() Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments:
Code Status	
[] Full code	Code Status decision reached by:
[] DNR (Selection Required)	Door notions have decision making conscisus
[] DNR (Do Not Resuscitate) [] Consult to Palliative Care Service	Does patient have decision-making capacity?  Priority: Reason for Consult? Order? Name of referring provider:
	Enter call back number:
[] Consult to Social Work	Reason for Consult:

Modified Code restrictions: Treatment Restriction decision reached by: Specify Treatment Restrictions:  Itum  Details Details Details Details Increased observation level needed: Details Increased observation level needed:
Details Details Details Details Details Details Details Increased observation level needed: Details
Details Details Details Details Details Details Details Increased observation level needed: Details
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Details Details Details Details Increased observation level needed: Details
Details  Details Increased observation level needed: Details
Details Increased observation level needed: Details
Increased observation level needed: Details
Increased observation level needed: Details
Details
Increased observation level needed:
Routine, Per unit protocol
Routine, Until discontinued, Starting S Up in chair in AM
Routine, Until discontinued, Starting S Specify: Up in chair
Additional modifier: Routine, Now then every 4 hours Specify: with assistance
Routine, Every 8 hours Specify: with assistance
Routine, Until discontinued, Starting S Specify: Activity as tolerated
Routine, Once Orientation: Location:
Routine, Until discontinued, Starting S Head of bed:
Routine, Until discontinued, Starting S Position: Additional instructions: elevate foot of bed Elevate (degrees):
Routine, Until discontinued, Starting S Position: semi-Fowler's Additional instructions: With bed flexed in semi-fowler's (lawn chair) position.
Routine, Until discontinued, Starting S Position: Additional instructions: do not reposition
Routine, Daily Specify: Additional modifier:

[1] Navyalaniani anggamant	Douting Once
[] Neurological assessment	Routine, Once Assessment to Perform:
Peripheral vascular assessment	Routine, Once
[] Assess head	Routine, Every 4 hours
[1] 1.60000.100.00	Assess: Head (Facial, eyelids) for color, refill, hematoma.
	Notify Resident or staff for any changes.
[] Assess breast	Routine, Every 4 hours
	Assess: Breast - assess nipple for color, refill, and hematoma.
	Notify Resident or staff for any changes.
[] Assess abdomen	Routine, Every 4 hours
	Assess: Abdomen - assess for color, refill, and hematoma.
	Notify Resident or staff for any changes.
[] Assess On-Q Pump	Routine, Every 4 hours
	Assess: Assess On-Q Pump every 4 hours
[] Intake and output	Routine, Per unit protocol
	Include amount from surgical drain in intake and output
[] No ice pack	Routine, Until discontinued, Starting S
	Unless ordered otherwise
[] Limb precautions	Location:
	Precaution:
May use either arm for blood pressure or needle sticks	Routine, Until discontinued, Starting S
[] Supportive bra	Routine, Until discontinued, Starting S
F3. Al. I II I	Do not remove post-operative bra.
[] Abdominal binder	Routine, Once
	Waking hours only? Nurse to schedule?
	Special Instructions:
	Keep abdominal binder open and loose while in bed. When
	patient gets up in chair, place binder on. Open when back in
	bed.
[] Compression garmet	Routine, Until discontinued, Starting S
	Intervention: Remove every 3 hours for 1 hour
Flap Assessment	
[] Flap assessment	Routine, Every hour
	Side:
	Location:
	Assessment:
	Notify Resident or staff for any changes.
Tubes and Drain Care	
[] Drain care- Compression Suction; Attach bulbs to gown	Routine, Every 4 hours
with safety pins. Do NOT tape drains to patient.; Strip	Drain 1:
tubing and record output every 4 hours	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.
	Drainage/Suction: To Compression (Bulb) Suction, Strip tubing, Other (specify)
	Specify: Empty drain and record output every 4 hours.
	Flush drain with:
l .	aram man

[] Drain care- Clean site daily with normal saline. Apply ointment and cover with gauze.	Routine, Daily Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt Care Details: Clean site daily with normal saline. Apply ointment and cover with gauze. Drainage/Suction: To Compression (Bulb) Suction
	Flush drain with:
[] Drain care- Clean site daily with peroxide. Apply bacitracin ointment and cover with gauze.	Routine, Daily Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt Care Details: Clean site daily with peroxide. Apply bacitracin ointment and cover with gauze. Drainage/Suction: To Compression (Bulb) Suction Flush drain with:
Do not remove Foley	Routine, Until discontinued, Starting S
·	Rationale:
[] Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain,to gravity
[] Foley catheter - discontinue	Routine, Once
Wound/Incision Care	
[] Surgical/incision site care- Wet to dry, Nomal Saline	Routine, Every 8 hours Location: Site: Apply: Dressing Type: Moist to Dry, Normal Saline Open to air?
[] Surgical/incision site care- Wet to dry, Dakins	Routine, Every 8 hours Location: Site: Apply: Dressing Type: Other Specify: Wet to dry, Dakins Open to air?
[] Surgical/incision site care- Do not remove dressing	Routine, Once Location: Site: Apply: Dressing Type: Open to air? Do not remove or change surgical dressing
[] Wound care orders	Routine, Every 12 hours Wound care to be performed by: Location: Site: Irrigate wound? Apply: Dressing Type:
Provide equipment / supplies at bedside	Routine, Once
Provide equipment / supplies at bedside: Extra Bra to bedside	Supplies:  Routine, Once Supplies: Other (specify) Other: Extra Bra to bedside. Size ***

[] Negative pressure wound therapy (Not a consult order)	Routine, Every Mon, Wed, Fri
	Existing wound vac?
	Type of Wound:
	Wound Location:
	Pressure (mmHg): 125
	Therapy Settings:
	Intensity:
	Foam Type:
[] Consult to Wound Ostomy Care Nurse	Reason for consult:
	Consult for NPWT:
	Reason for consult:
Skin Graft Donor Site Care	
[] Heat lamp	Routine, 4 times daily
· ·	Duration of treatment (minutes): 15
	Distance from site: 2-3 feet
[] Skin graft donor site care	Routine, 4 times daily
[] Skin graft donor site care	· · · · · · · · · · · · · · · · · · ·
	Instructions: Leave donor site intact for 48 hours, clean any
	excessive fluid leakage as needed. After 48 hours, remove
	clear Tegaderm but DO NOT remove Zeroform gauze. Wipe
	off any excess fluid gently PRN. Use heat lamp to treat donor
	site 4 x/day when patient is aw
[] Negative pressure wound therapy (Not a consult order)	Routine, Every Mon, Wed, Fri
[1] "3" "	NPWT to be applied by: Physician
	Existing wound vac?
	Type:
	Type of Wound:
	Wound Location:
	Pressure (mmHg): 125
	Therapy Settings:
	Intensity:
	Foam Type:
	DO NOT change negative pressure wound therapy dressing**
Notify	
Notify Physician- Notify Plastic Surgery resident on-call	Routine, Until discontinued, Starting S, Notify Plastic Surgery
or Plastics Attending Surgeon for ANY questions	resident on-call or Plastics Attending Surgeon for ANY
regarding the flap or change in flap assessment	questions regarding the flap or change in flap assessment
[] Notify Physician- or Resident of any acute changes in	Routine, Until discontinued, Starting S, or Resident of any
patient status	acute changes in patient status
Diet	
	Diet effective new Starting S
[] NPO	Diet effective now, Starting S
	NPO:
	Pre-Operative fasting options:
[] NPO after midnight	Diet effective midnight, Starting S+1 at 12:01 AM
	NPO:
	Pre-Operative fasting options:
[] Diet- Clear Liquids	Diet effective now, Starting S
	Diet ellective flow, Starting 3  Diet(s): Clear Liquids
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:

	Di 1 " 1" O1 1" O
[] Diet - Easy to digest (GERD)	Diet effective now, Starting S
	Diet(s): Easy to digest (GERD)
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] Diet- 1800 Kcal/202 gm Carbohydrate	Diet effective now, Starting S
	Diet(s): Other Diabetic/Cal
	Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] Diet-Regular	Diet effective now, Starting S
	Diet(s): Regular
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
Education	
[] Patient education- Drain care	Routine, Prior to discharge
	Patient/Family:
	Education for: Drain care
[] Patient education- Dressing change	Routine, Once
[1] continue	Patient/Family:
	Education for: Other (specify)
	Specify: Dressing change
[] Patient education- Lovenox teaching	Routine, Prior to discharge
[1 - and a data and a	Patient/Family:
	Education for: Self admin of medication, Other (specify)
	Specify: Lovenox teaching for home administration.
[] Patient education- Pain pump	Routine, Prior to discharge
[1] I distribution I distribution	Patient/Family: Patient
	Education for: Other (specify)
	Specify: Pain pump
	Routine, Once
[1] Patient education- Post-op urine color	
[] Patient education- Post-op urine color	
[] Patient education- Post-op urine color	Patient/Family: Both
[] Patient education- Post-op urine color	Patient/Family: Both Education for: Other (specify)
	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal
[] Patient education- Post-op urine color  [] Patient education- Scopolamine patch	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once
	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family:
	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family: Education for: Other (specify)
Patient education- Scopolamine patch	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family:
	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolmine patch side effects education
Patient education- Scopolamine patch	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolmine patch side effects education Routine, Prior to discharge
Patient education- Scopolamine patch	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolmine patch side effects education Routine, Prior to discharge Patient/Family:
Patient education- Scopolamine patch	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolmine patch side effects education Routine, Prior to discharge Patient/Family: Education for: Other (specify)
Patient education- Scopolamine patch	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolmine patch side effects education Routine, Prior to discharge Patient/Family: Education for: Other (specify) Specify: Dispense surgeon's post op instructions prior to
[] Patient education- Scopolamine patch  [] Patient education- Surgeons post op instructions	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolmine patch side effects education Routine, Prior to discharge Patient/Family: Education for: Other (specify) Specify: Dispense surgeon's post op instructions prior to
[] Patient education- Scopolamine patch  [] Patient education- Surgeons post op instructions  IV Fluids	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolmine patch side effects education Routine, Prior to discharge Patient/Family: Education for: Other (specify) Specify: Dispense surgeon's post op instructions prior to
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[] Patient education- Scopolamine patch  [] Patient education- Surgeons post op instructions  IV Fluids	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolmine patch side effects education Routine, Prior to discharge Patient/Family: Education for: Other (specify) Specify: Dispense surgeon's post op instructions prior to discharge.
[] Patient education- Scopolamine patch  [] Patient education- Surgeons post op instructions  IV Fluids  IV Fluids  [] dextrose 5 % and sodium chloride 0.45 % with	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolmine patch side effects education Routine, Prior to discharge Patient/Family: Education for: Other (specify) Specify: Dispense surgeon's post op instructions prior to
[] Patient education- Scopolamine patch  [] Patient education- Surgeons post op instructions  IV Fluids  IV Fluids  [] dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolmine patch side effects education Routine, Prior to discharge Patient/Family: Education for: Other (specify) Specify: Dispense surgeon's post op instructions prior to discharge.
[] Patient education- Scopolamine patch  [] Patient education- Surgeons post op instructions    V Fluids   V Fluids   dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion   lactated Ringer's infusion	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolmine patch side effects education Routine, Prior to discharge Patient/Family: Education for: Other (specify) Specify: Dispense surgeon's post op instructions prior to discharge.  125 mL/hr, intravenous, continuous, Post-op
[] Patient education- Scopolamine patch  [] Patient education- Surgeons post op instructions    V Fluids	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolmine patch side effects education Routine, Prior to discharge Patient/Family: Education for: Other (specify) Specify: Dispense surgeon's post op instructions prior to discharge.  125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op
[] Patient education- Scopolamine patch  [] Patient education- Surgeons post op instructions  [] 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	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolmine patch side effects education Routine, Prior to discharge Patient/Family: Education for: Other (specify) Specify: Dispense surgeon's post op instructions prior to discharge.  125 mL/hr, intravenous, continuous, Post-op
Patient education- Scopolamine patch    Patient education- Surgeons post op instructions    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	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolmine patch side effects education Routine, Prior to discharge Patient/Family: Education for: Other (specify) Specify: Dispense surgeon's post op instructions prior to discharge.  125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op
[] Patient education- Scopolamine patch  [] Patient education- Surgeons post op instructions  [] 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	Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolmine patch side effects education Routine, Prior to discharge Patient/Family: Education for: Other (specify) Specify: Dispense surgeon's post op instructions prior to discharge.  125 mL/hr, intravenous, continuous, Post-op 125 mL/hr, intravenous, continuous, Post-op

# Medications Reminder: If you need to place orders for PCA Analgesia, after using this order set go to the Order Set Activity and access the General Patient Controlled Analgesia (PCA) Therapy for Opioid Naive Patients (or Tolerant Patients if appropriate). Pharmacy Consult Pharmacy consult to manage dosing of medication STAT, Until discontinued, Starting S

Which drug do you need help dosing?

Contact Number:

IV	Antihiotics:	For Patients	I FSS than	or FOLIAL	to 120 kg

[1] compicillin IV	<u></u>
[] ampicillin IV	1.5 g, intravenous, for 30 Minutes, every 6 hours
	Reason for Therapy:
[] ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, every 6 hours
	Reason for Therapy:
[] cefazolin (ANCEF) IV - For Patients LESS than or	2 g, intravenous, every 8 hours
EQUAL to 120 kg	Reason for Therapy:
[] cefepime (MAXIPIME) IV	1 g, intravenous, every 8 hours
	Reason for Therapy:
[] ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, every 12 hours
,	Reason for Therapy:
[] clindamycin (CLEOCIN) IV	600 mg, intravenous, for 30 Minutes, every 8 hours
, ,	Use if patient penicillin allergic.
	Reason for Therapy:
[] metronidazole (FLAGYL) IV	500 mg, intravenous, every 8 hours
[]	Reason for Therapy:
[1] vancomyoin IV plus Optional Pharmacy Concult to Doco	

[] vancomycin IV plus Optional Pharmacy Consult to Dose Vancomycin

$\overline{[]}$	vancomycin (VANCOCIN)	15 mg/kg, intravenous
		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
	Reason for Therapy:
[] ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, every 6 hours
,	Reason for Therapy:
[] cefazolin (ANCEF) IV - For Patients GREATER than 120	3 g, intravenous, every 8 hours
kg	Reason for Therapy:
[] cefepime (MAXIPIME) IV	1 g, intravenous, every 8 hours
,	Reason for Therapy:
[] ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, every 12 hours
	Reason for Therapy:
[] clindamycin (CLEOCIN) IV	600 mg, intravenous, for 30 Minutes, every 8 hours
	Use if patient penicillin allergic.
	Reason for Therapy:
[] metronidazole (FLAGYL) IV	500 mg, intravenous, every 8 hours
•	Reason for Therapy:
[] vancomycin IV plus Optional Pharmacy Consult to Dose	
Vancomycin	
	• •

	<u> </u>	
[]	vancomycin (VANCOCIN)	15 mg/kg, intravenous
		Reason for Therapy:

Pharmacy consult to manage vancomycin STAT, Until discontinued, Starting S

Indication:

### **Oral Antibiotics**

-1		
	[] amoxicillin-pot clavulanate (AUGMENTIN) 875-125 mg	1 tablet, oral, 2 times daily
	per tablet	Reason for Therapy:
	[] cephalexin (KEFLEX) capsule	500 mg, oral, every 8 hours
		Reason for Therapy:

[] ciprofloxacin HCl (CIPRO) tablet	500 mg, oral, 2 times daily at 0600, 1600 Reason for Therapy:
[] clindamycin (CLEOCIN) capsule	300 mg, oral, 3 times daily Use if patient is penicillin allergic.
[] minocycline (MINOCIN, DYNACIN) capsule	Reason for Therapy: 100 mg, oral, every 12 hours Reason for Therapy:
<ul><li>sulfamethoxazole-trimethoprim (BACTRIM SS) 400 mg per tablet</li></ul>	• • • • • • • • • • • • • • • • • • • •
Topical Antibiotics	
[] bacitracin ointment	Topical, 3 times daily Apply to drain site.
[] bacitracin-polymyxin B (POLYSPORIN) ointment	Topical, 3 times daily Apply to drain site.
[ ] neomycin-bacitracin-polymyxinB (NEOSPORIN) ointment	Topical, 3 times daily Apply to drain site.
[] mupirocin (BACTROBAN) 2 % ointment	Topical, 3 times daily Apply to drain site.
[] povidone-iodine (BETADINE) ointment	Topical, 3 times daily Apply to drain site.
Ophthalmic Antibiotic Ointments (Single Response	
( ) gentamicin (GARAMYCIN) 0.3 % (3 mg/gram) ophthalmic ointment	3 times daily
() tobramycin-dexamethasone (TOBRADEX) ophthali ointment	mic Both Eyes, 3 times daily
Facial Operations	
[] chlorhexidine (PERIDEX) 0.12 % solution	15 mL, Mouth/Throat, 2 times daily Swish and Spit
[] artificial tears ophthalmic solution	2 drop, Both Eyes, every 4 hours PRN, dry eyes
[] artificial tears ointment	Both Eyes, nightly PRN, dry eyes
[] clonIDINE HCl (CATAPRES) tablet	oral, 2 times daily PRN, high blood pressure HOLD parameters for this order: Contact Physician if:
Anticoagulants	
[] enoxaparin (LOVENOX) injection (Single Response	e)
	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
aspirin chewable tablet	Post-operative Day #1. Once cleared by plastics.  162 mg, oral, daily
	intravenous, continuous
[] hepanininusion 30 units/mc in dextrose 5%	Indication:
[] Hepanii iniusion 30 units/IIIL in dextrose 3%	Therapeutic Monitoring Target:
Bowel Care - NOT HMSJ	Therapeutic Monitoring Target:
Bowel Care - NOT HMSJ  [] docusate sodium (COLACE) capsule  [] simethicone (MYLICON) chewable tablet	Therapeutic Monitoring Target:  100 mg, oral, 2 times daily PRN, constipation Use docusate for stool softener as needed. 160 mg, oral, 4 times daily PRN, flatulence
Bowel Care - NOT HMSJ  [] docusate sodium (COLACE) capsule  [] simethicone (MYLICON) chewable tablet	Therapeutic Monitoring Target:  100 mg, oral, 2 times daily PRN, constipation Use docusate for stool softener as needed. 160 mg, oral, 4 times daily PRN, flatulence 10 mg, rectal, daily PRN, constipation Suppository can be used if oral therapy is not tolerated or
Bowel Care - NOT HMSJ  [] docusate sodium (COLACE) capsule  [] simethicone (MYLICON) chewable tablet	Therapeutic Monitoring Target:  100 mg, oral, 2 times daily PRN, constipation Use docusate for stool softener as needed.  160 mg, oral, 4 times daily PRN, flatulence 10 mg, rectal, daily PRN, constipation

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[] LORAZepam (ATIVAN) tablet	1 mg, oral, every 6 hours PRN, anxiety Indication(s): Anxiety
Anxiolytics: For Patients GREATER than or EQUA	AL to 65 years old
[] LORAZepam (ATIVAN) tablet	0.5 mg, oral, every 6 hours PRN, anxiety Indication(s): Anxiety
Muscle Spasms (Single Response) 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
( ) methocarbamol (ROBAXIN) tablet	500 mg, oral, 3 times daily PRN, muscle spasms
Muscle Pain	
[] diazepam (VALIUM) tablet	5 mg, oral, every 6 hours PRN, anxiety, muscle pain Indication(s): Other Specify: Muscle Pain
On-Q Pump (Single Response)	
( ) ropivacaine 0.2% (PF) (NAROPIN) solution for Openmp	n-Q 270 mL, infiltration, continuous Regional Block: Location: Catheter: Continuous Rate: Bolus Dose (Optional):
( ) ropivacaine 0.5% (PF) (NAROPIN) solution for O	n-Q 270 mL, infiltration, continuous Regional Block: Location: Catheter: Continuous Rate: Bolus Dose (Optional):
PCA Medications (Single Response)	
() morPHINE PCA 30 mg/30 mL [] morPHINE PCA 30 mg/30 mL	Loading Dose (optional): Not Ordered PCA Dose: 1 mg Lockou Interval: Not Ordered Continuous Dose: 0 mg/hr MAX (Four hour dose limit): 20 mg intravenous, continuous 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 (Spe	ecify)	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 a	and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or
physician and/or CEF	RT 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
[] naloxone (NARCAN)	0.4 mg/ml_injection	<ul><li>Urinary retention</li><li>0.2 mg, intravenous, once PRN, respiratory depression, as needed for</li></ul>
l [] naloxone (NARCAN) 0.2 mg	0.4 mg/mL mjection	respiratory rate 8 per minute or less OR patient somnolent and difficult to
0.2 mg		arouse (POSS GREATER than 3).
		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 (	·	
	LAUDID) 15 mg/30 mL	Loading Dose (optional): Not Ordered PCA Dose: 0.2
PCA		mg Lockout: Not Ordered Continuous Dose: 0 mg/hr MAX
		(Four hour dose limit): 3 mg
		intravenous, continuous  Management of broadsthrough pain. Administer only if respiratory rate 12
		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/D/D/DF	<u> </u>	Turn Off PCA Continuous Dose (Basal Rate) At Time:
[] Vital signs - T/P/R/BF	,	Routine, Per unit protocol
		<ul> <li>Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then</li> </ul>
		- 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 s	edation 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 (Spe	acify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued
[] Notily i flysician (Spe	ony)	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

	0: 1 001	
[]	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
	·	<ul> <li>POSS sedation level 4: Somnolent and difficult to arouse</li> <li>Sustained hypotension (SBP less than 90)</li> </ul>
		- 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).  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	entaNYL 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
		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). 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.
CA N	ledications (Single Response)	
) mo	orPHINE PCA 30 mg/30 mL	
[] 1	morPHINE PCA 30 mg/30 mL	Loading Dose (optional): Not Ordered PCA Dose: 1 mg Lockor Interval: Not Ordered Continuous Dose: 0 mg/hr MAX (Four hour dose limit): 20 mg intravenous, continuous
		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 o 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
		<ul> <li>Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therap</li> <li>PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy</li> </ul>
	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 of less - Severe and/or recent confusion or discrientation
·	5	<ul> <li>POSS sedation level 4: Somnolent and difficult to arouse</li> <li>Sustained hypotension (SBP less than 90)</li> <li>Excessive nausea or vomiting</li> <li>Urinary retention</li> </ul>
	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).  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 (DILAUDID) 15 mg/30 mL PCA	Loading Dose (optional): Not Ordered PCA Dose: 0.2 mg Lockout: Not Ordered Continuous Dose: 0 mg/hr MA. (Four hour dose limit): 3 mg intravenous, continuous
		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:
г 1	Vital signs T/D/D/DD	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	Disharand satisfaction and tion scale	- 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
_	N (	therapy and when patient complains of pain and/or side effects.
[]	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinue for any reason
		<ul><li>Inadequate analgesia</li><li>Prior to administration of any other narcotics, antiemetics, or sedatives</li></ul>
		other than those ordered by the prescriber responsible for IV PCA thera
		- 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	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute less
	following:	<ul> <li>Severe and/or recent confusion or disorientation</li> </ul>
		- POSS sedation level 4: Somnolent and difficult to arouse
		<ul><li>Sustained hypotension (SBP less than 90)</li><li>Excessive nausea or vomiting</li></ul>
		- Urinary retention
[]	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 t arouse (POSS GREATER than 3).
		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.
		HIHIULES IUI S HIHES.

	fentaNYL (SUBLIMAZE) 600 mcg/30 mL PCA	Interval: I hour dose	ading Dose: Not Ordered PCA Dose: 10 mcg Lockout Not Ordered Continuous Dose: 0 mcg/hr MAX (Four e limit): 150 mcg
		Managen per minu doses in ordering p bolus {Bo hours as	us, continuous nent of breakthrough pain. Administer only if respiratory rate 12 te or more and POSS level of 2 or less. If more than 2 bolus 12 hours or if pain persists after increase in demand dose, call prescriber. For breakthrough pain in patient 19-59 years old, may blus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} needed. If pain persists, may increase PCA demand dose by se:26654::"10"} mcg ONCE. Adjust doses for age, renal function actors.
			PCA Continuous Dose (Basal Rate) On Date: PCA Continuous Dose (Basal Rate) At Time:
[]	Vital signs - T/P/R/BP	<ul> <li>Initially administs</li> <li>Every headminists</li> <li>Every 4</li> </ul>	Per unit protocol and every 30 minutes for 1 hour after PCA started, bolus ration or dose change; then our x 2 starting second hour after PCA started, bolus ered or dose change; then hours until PCA therapy is discontinued.
	Disharand seiteffen sedefen sede		ately following PCA administration tubing change
[]	Richmond agitation sedation scale	Routine, Hold infus Target R	sion daily at:
		BIS Moni 60 minute Assess a	toring (Target BIS: 40-60): es after administration of pain medication AND every 4 hours. and document side effects of at least every 4 hours for duration of and when patient complains of pain and/or side effects.
	Notify Physician (Specify)	for any re - Inadequ - Prior to other that - PCA pu	Until discontinued, Starting S, - PCA pump infusion discontinued eason late analgesia administration of any other narcotics, antiemetics, or sedatives in those ordered by the prescriber responsible for IV PCA therapy imp discontinued by any service other than the prescriber pole for IV PCA therapy
	[] Stop the PCA pump and call ordering Routing physician and/or CERT team for any of the following: - Sever - POSS		Until discontinued, Starting S, - Respiratory rate 10 per minute or and/or recent confusion or disorientation sedation level 4: Somnolent and difficult to arouse
			ed hypotension (SBP less than 90) ive nausea or vomiting retention
Π	naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, in respirato arouse (F Repeat N mg). If na CERT tea	ntravenous, once PRN, respiratory depression, as needed for ry rate 8 per minute or less OR patient somnolent and difficult to POSS GREATER than 3). laloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 aloxone is needed, please call the ordering physician and/or am. Monitor vital signs (pulse oximetry, P/R/BP) every 15 for 3 times.
Mild	Pain (Pain Score 1-3) or Fever		
	cetaminophen (TYLENOL) tablet		650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever Contact physician for fever GREATER than 101 F
Oral for Moderate Pain (Pain Score 4-6) (Single Response)			
() H	IYDROcodone-acetaminophen (NORCO) 5-325 ablet		1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6)
	IYDROcodone-acetaminophen (NORCO) 7.5-32 er tablet	25 mg	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6)
( ) traMADol (ULTRAM) tablet			50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)

( ) oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6)
IV for Moderate Pain (Pain Score 4-6) (Single Response) If you select a PCA option you will not be allowed to also ore	der IV PRN pain medications from this section.
() morPHINE injection	1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6)
	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)
( ) traMADol (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, severe pain (score 7-10)
( ) oxyCODone-acetaminophen (PERCOCET) 10-325 mg per tablet	1 tablet, oral, every 4 hours PRN, severe pain (score 7-10)
IV for Severe Pain (Pain Score 7-10) (Single Response) If you select a PCA option you will not be allowed to also ord	der IV PRN pain medications from this section.
() morPHINE injection	2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10)
	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). 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 - NOT HMSJ	
[] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation Use docusate for stool softener as needed.
[] simethicone (MYLICON) chewable tablet	160 mg, oral, 4 times daily PRN, flatulence
[] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation Suppository can be used if oral therapy is not tolerated or ineffective.
[] senna (SENOKOT) tablet	1 tablet, oral, 2 times daily PRN, constipation
[] diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet	1 tablet, oral, 4 times daily PRN, diarrhea
Bowel Care - HMSJ Only	
[] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation Use docusate for stool softener as needed.
[] simethicone (MYLICON) chewable tablet	160 mg, oral, 4 times daily PRN, flatulence
[] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation Suppository can be used if oral therapy is not tolerated or ineffective.
[] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, 2 times daily PRN, constipation
[] diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet	1 tablet, oral, 4 times daily PRN, diarrhea

### Antiemetics

Antiemetics	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Re	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting 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 Give if patient is UNable to tolerate oral medication OR if a faster onset of
[1] property and a control of DI JENIED CANNIN or Oral or Dept	action is required.
[] promethazine (PHENERGAN) IV or Oral or Rect [] promethazine (PHENERGAN) 12.5 mg IV	al "Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting
[] promethazine (PHENERGAN) 12.5 mg IV	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 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 Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiemetics	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Re	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting 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 Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) IV or Oral or Rect	al "Or" Linked Panel
[] promethazine (PHENERGAN) 12.5 mg in sodium 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
Alaris 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.
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting 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 Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiemetics	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Re	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting 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 Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) IVPB or Oral or Re	ectal "Or" Linked Panel
[] 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 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 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 Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
[] cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching

[] cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching	
Itching: For Patients LESS than 70 years old (Single Response)		
( ) diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 6 hours PRN, itching	
( ) hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching	
(X) cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching	
() fexofenadine (ALLEGRA) tablet - For eGFR LESS than	60 mg, oral, 2 times daily PRN, itching	
80 mL/min, reduce frequency to once daily as needed		
Insomnia: For Patients GREATER than or EQUAL to 70	years old (Single Response)	
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep	
Insomnia: For Patients LESS than 70 years old (Single		
( ) zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep	
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep	
VTE		
DVT Risk and Prophylaxis Tool (Single Response) (Sele	ection Required)	
by Fridak and Frophylands Foot (onligio Response) (och	URL: "\appt1.pdf"	
() Patient currently has an active order for therapeutic	Routine, Once	
anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is	
	already on therapeutic anticoagulation for other indication.	
( ) LOW Risk of DVT (Selection Required)	Therapy for the following:	
Low Risk Definition		
Age less than 60 years and NO other VTE risk factors		
[1] Low Pick (Single Beapense) (Selection Bequired)		
[ ] Low Risk (Single Response) (Selection Required) ( ) Low risk of VTE Rou	utine, Once	
	v risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae	
ear	ly ambulation	
<ul> <li>MODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition</li> </ul>	d)	
Pharmacologic prophylaxis must be addressed. Mecha	nical prophylaxis is optional upless pharmacologic is	
contraindicated.	modi propriylaxio io optional anicco pharmacologic io	
One or more of the following medical conditions:		
	, dehydration, varicose veins, cancer, sepsis, obesity, previous	
stroke, rheumatologic disease, sickle cell disease, leg s Age 60 and above	swelling, ulcers, venous stasis and nephrotic syndrome	
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)		
1	utine, Once	
[] Moderate Risk Pharmacological Prophylaxis - Surgion Patient (Single Response) (Selection Required)	<u></u>	
() Contraindications exist for pharmacologic prophylax	xis "And" Linked Panel	
BUT order Sequential compression device	outing Ongo	
	outine, Once o pharmacologic VTE prophylaxis due to the following	
	ontraindication(s):	
	outine, Continuous	

()	Contraindications exist for pharmacologic prop AND mechanical prophylaxis	phylaxis "And" Linked Panel
[	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
(	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
(	•	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
(	patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	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 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
()	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.
()	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:
Re	DDERATE Risk of DVT - Non-Surgical (Selectic quired)	on
Ph co Or Ch str Ag Ce His Ar Le Es	ntraindicated. e or more of the following medical conditions: IF, MI, lung disease, pneumonia, active inflamn	lechanical prophylaxis is optional unless pharmacologic is nation, 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
	Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required)	
( ) Contraindications exist for pharmacologic prophylaxis - "And" Linked Panel Order Sequential compression device		ohylaxis - "And" Linked Panel

[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Place/Maintain sequential compression device continuous	Routine, Continuous
	Contraindications exist for pharmacologic prop AND mechanical prophylaxis	hylaxis "And" Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Contraindications exist for mechanical prophylaxis	Routine, Once  No mechanical VTE prophylaxis due to the following contraindication(s):
	enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
()	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 3 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:
HIG	H Risk of DVT - Surgical (Selection Required)	
Both One Thro or p Sev Ac Mul Abd Acu	n Risk Definition in pharmacologic AND mechanical prophylaxis in cor more of the following medical conditions: combophilia (Factor V Leiden, prothrombin varial rotein S deficiency; hyperhomocysteinemia; my ere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas cominal or pelvic surgery for CANCER te ischemic stroke ory of PE	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
	ligh Risk (Selection Required)	
j F	High risk of VTE ligh Risk Pharmacological Prophylaxis - Surgic Single Response) (Selection Required)	Routine, Once al Patient
()	Single Response) (Selection Required)  Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following

()	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	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
	CrCl GREATER than 30 mL/min	Starting S+1
		For Patients weight between 100-139 kg and CrCl GREATER than 30
<u> </u>		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),
	CICI GREATER than 30 mL/min	Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30
		mL/min
7)	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
()	iondapanilax (ANATIVA) injection	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	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.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1
( )	DI (1)	Indication:
()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:
[ ] N	(COUMADIN)	
	Mechanical Prophylaxis (Single Response) (Sel Required)	ecuon
	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
	Place/Maintain sequential compression	Routine, Continuous
	device continuous	
	H Risk of DVT - Non-Surgical (Selection Requ	ired)
	h Risk Definition	
	h pharmacologic AND mechanical prophylaxis	must be addressed.
	e or more of the following medical conditions:	
	Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, prote	
	rotein S deficiency; hyperhomocysteinemia; m	yeloproliferative disorders)
	ere fracture of hip, pelvis or leg	
	tute spinal cord injury with paresis	
	tiple major traumas	
	lominal or pelvic surgery for CANCER Ite ischemic stroke	
	tory of PE	

History of PE

[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once	
[] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)		
() Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):	
( ) enoxaparin (LOVENOX) injection (Single Resp	onse)	
(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	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
	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.	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL)
()	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)
() Place/Maintain sequential compression	Routine, Continuous
device continuous	,
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	n
Required)	
High Risk Definition  Both pharmacologic AND mechanical prophylaxis	must be addressed
- DOLII DHAITHACOIOGIC AIND MECHANICAI DIODHVIAXIS	inusi de addressed.
One or more of the following medical conditions:	
One or more of the following medical conditions:	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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
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
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	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior 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
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  [] High Risk (Selection Required)	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
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  [] High Risk (Selection Required) [] High risk of VTE	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)  Routine, Once
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  [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Hip o	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)  Routine, Once r Knee
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  [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Response	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)  Routine, Once r Knee
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  [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders)  Routine, Once r Knee se)
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; no 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 of (Arthroplasty) Surgical Patient (Single Response	Routine, Once r Knee se)  Routine, Once Routine, Once r Knee se)  Routine, Once No pharmacologic VTE prophylaxis due to the following
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior 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  [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic	Routine, Once r Knee se)  Routine, Once r Knee se)  Routine, Once

[] High risk of VTE	Routine, Once	
[] High Risk Pharmacological Prophylaxis - Hip or Knee		
(Arthroplasty) Surgical Patient (Single Response)		
(Selection Required)		
() Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
	contraindication(s):	
() 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 Re	sponse)	
(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	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 Patients weight between 140 kg or GREATER and CrCl GREATER than 30	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	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.	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	
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 admission	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) (Se Required)		
( ) Contraindications exist for mechanical	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):	
prophylaxis ( ) Place/Maintain sequential compression device continuous	Routine, Continuous	
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:	
( ) LOW Risk of DVT (Selection Required)	more price and remaining.	
Low Risk Definition		
Age less than 60 years and NO other VTE risk fac	etors	
[] Low Risk (Single Response) (Selection Require		
( ) Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae	
() MODERATE BULL (DVT 2)	early ambulation	
( ) 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 hou Less than fully and independently ambulatory	rs	
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
[] Moderate Risk Pharmacological Prophylaxis - So	urgical
Patient (Single Response) (Selection Required)	
<ul> <li>() Contraindications exist for pharmacologic propl BUT order Sequential compression device</li> </ul>	nylaxis "And" Linked Panel
[ ] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
[] Discaring a superfield assessment in	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
<ul> <li>( ) Contraindications exist for pharmacologic prople</li> <li>AND mechanical prophylaxis</li> </ul>	nylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[ ] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
1 -1 7	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (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	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	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 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
	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.</li></ul>	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1
() Wallalii (COOMADIN) tablet	Indication:
( ) Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
( ) Pharmacy consult to manage warfarin (COUMADIN)	Indication:
[1 NA   1 1 1 D   1   1   1   1   1   1   1	
	CUOII
Required)	Payting Once
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
<ul><li>MODERATE Risk of DVT - Non-Surgical (Selection Required)</li></ul>	
Address pharmacologic prophylaxis by selecting or	ne of the following. Mechanical prophylaxis is optional unless
pharmacologic prophylaxis is contraindicated.	
[] Moderate Risk (Selection Required)	
Moderate risk of VTE	Routine, Once
Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Selecti	on
Required)	
· · · · · · · · · · · · · · · · · · ·	

()	Contraindications exist for pharmacologic prop Order Sequential compression device	hylaxis - "And" Linked Panel
[]		Routine, Once
	prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Place/Maintain sequential compression	Routine, Continuous
7	device continuous	hylaxis "And" Linked Panel
()	Contraindications exist for pharmacologic propland AND mechanical prophylaxis	nylaxis And Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	· , ,
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S+1
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min
()	patients weight between 100-139 kg AND	30 mg, subcutaneous, every 12 hours at 0900, 2100 (TIME CRITICAL),
( )	CrCl GREATER than 30 mL/min	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, every 12 hours at 0900, 2100 (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
		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
7	hangrin (naraina) injection	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours
$\frac{()}{()}$	heparin (porcine) injection heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
()	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.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL)
( )		Indication:
()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
	(COUMADIN)	Indication:
	GH Risk of DVT - Surgical (Selection Required)	
		nylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
	High Risk (Selection Required)	
	High risk of VTE	Routine, Once
(	High Risk Pharmacological Prophylaxis - Surgic Single Response) (Selection Required)	al Patient
()	Contraindications exist for pharmacologic	Routine, Once
	prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	. ,
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
$\frac{\circ}{\cap}$	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
<del></del>		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
	S.S. SILATER Hall 50 IIII/IIIII	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
			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	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
	<u></u>	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
	()	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:
()	HIC	GH Risk of DVT - Non-Surgical (Selection Requ	
		<u> </u>	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[		High Risk (Selection Required)	
_		High risk of VTE	Routine, Once
ļι		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
		p. op. ry issue	contraindication(s):
	()	enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	oonse)
	$\overline{()}$	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
	()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1
	-		For Patients with CrCL LESS than 30 mL/min
	( )	patients weight between 100-139 kg AND	30 mg, subcutaneous, every 12 hours at 0900, 2100 (TIME CRITICAL),
		CrCl GREATER than 30 mL/min	Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30
			mL/min
	()	patients weight 140 kg or GREATER AND	40 mg, subcutaneous, every 12 hours at 0900, 2100 (TIME CRITICAL)
	( )	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
			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	5,000 Units, subcutaneous, every 12 hours
		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) warfarin (COUMADIN) tablet	than 50kg and age GREATER than 75yrs. oral, daily at 1700 (TIME CRITICAL)
	()	wananii (COOMADIN) tablet	Indication:
	()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
	( )	(COUMADIN)	Indication:
()	HIC	GH Risk of DVT - Surgical (Hip/Knee) (Selection	
	Re	quired)	
	Ad	dress both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
ĺ	]	High Risk (Selection Required)	
	[1]	High risk of VTE	Routine, Once

(Arthroplasty) Surgical Patient (Single Response (Selection Required)	,
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) 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 Resp (Selection Required)	onse)
( ) enoxaparin (LOVENOX) syringe ( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 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	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 Patients weight between 140 kg or GREATER and CrCl GREATER than 30	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	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
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	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:
VT Risk and Prophylaxis Tool (Single Response)	URL: "\appt1.pdf"
Dationt augments, has an active ander for the renautic	· · · · · · · · · · · · · · · · · · ·
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:
LOW Risk of DVT (Selection Required)	····
Low Risk Definition Age less than 60 years and NO other VTE risk factors	ors
[] Low Risk (Single Response) (Selection Required	d)
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgate early ambulation

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 of VTE	Routine, Once
Moderate Risk Pharmacological Prophylaxis - S	
Patient (Single Response) (Selection Required)	
<ul> <li>Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> </ul>	ophylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
<ul> <li>Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> </ul>	ophylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
() 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 3
	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
	mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	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
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
() 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:
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# ( ) 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
[] Moderate Risk Pharmacological Prophylaxis -	C
Non-Surgical Patient (Single Response) (Select Required)	
<ul> <li>() Contraindications exist for pharmacologic prop Order Sequential compression device</li> </ul>	ohylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	oonse)
( ) 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
	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	5,000 Units, subcutaneous, every 12 hours
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) Indication:

Pharmacy consult to manage warfarin STAT, Until discontinued, Starting S (COUMADIN) 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
<ul> <li>High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li> </ul>	cal Patient
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
( ) 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 3 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
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
( ) 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:
<ul><li>Mechanical Prophylaxis (Single Response) (Se Required)</li></ul>	lection
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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
[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Res	
( ) 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
<ul> <li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	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:
<ul><li>[] Mechanical Prophylaxis (Single Response) (Se Required)</li></ul>	lection
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	n

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
<ul> <li>High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respons (Selection Required)</li> </ul>	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() 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)	ponse)
( ) 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
CICI GREATER (Half 30 HIL/HIII)	mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30	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	mL/min 2.5 mg, subcutaneous, daily, Starting S+1
() fondaparinux (ARIXTRA) injection	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	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1.
admission ( ) warfarin (COUMADIN) tablet	Indications: oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<ul><li>Mechanical Prophylaxis (Single Response) (Se Required)</li></ul>	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)

() Place/Maintain sequential compression Routin	e, Continuous
device continuous	
Laba Taday	
Labs Today	
Hematology/Coagulation	
[] Hemoglobin and hematocrit	Once
CBC with platelet and differential     Prothrombin time with INR	Once Once
[] Partial thromboplastin time	Once
Chemistry	
Basic metabolic panel	Once
[] Magnesium [] Calcium	Once Once
	Office
Labs Tomorrow	
Hematology/Coagulation	
[] Hemoglobin and hematocrit	AM draw For 1 Occurrences
[] CBC with platelet and differential	AM draw For 1 Occurrences
[] Prothrombin time with INR	AM draw For 1 Occurrences
[] Partial thromboplastin time	AM draw For 1 Occurrences
Chemistry	
Basic metabolic panel	AM draw For 1 Occurrences
[] Magnesium	AM draw For 1 Occurrences
[] Calcium	AM draw For 1 Occurrences
Cardiology	
Imaging	
Other Studies	
Respiratory	
Respiratory	
[] Incentive spirometry	Routine, Every hour 10 times per hour
	To times per nour
Rehab	
Consults	
For Physician Consult orders use sidebar	
Ancillary Consults (For Physician Consults, use the Sideb	ar)
[] Consult to case management	Consult Reason:
[] Consult to social work for discharge planning	Reason for Consult: Discharge Planning
[] 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:
[] Consult PT wound care	Special Instructions: Location of Wound?
I	LOCATION OF WOUND?

[] 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:
[] Consult to Nutrition	Reason For Consult?
	Purpose/Topic:
[] Consult to Respiratory Therapy	Reason for Consult?
[] Consult to Spiritual Care	Reason for consult?
Consult to Speech Langauge Pathology	Routine, Once
	Reason for consult:
[] Consult to Wound Ostomy Care Nurse	Reason for consult:
	Consult for NPWT:
	Reason for consult:

# Additional Orders