

## General

### Common Present on Admission Diagnosis

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

### Elective Outpatient, Observation, or Admission (Single Response)

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

**Admission or Observation (Single Response)**

Patient has active outpatient status order on file

- |  |  |
|--|--|
| <input type="checkbox"/> Admit to Inpatient  | Diagnosis:<br>Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>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.<br>PACU & Post-op |
| <input type="checkbox"/> Outpatient observation services under general supervision | Diagnosis:<br>Admitting Physician:<br>Patient Condition:<br>Bed request comments:<br>PACU & Post-op  |
| <input type="checkbox"/> Outpatient in a bed - extended recovery                   | Diagnosis:<br>Admitting Physician:<br>Bed request comments:<br>PACU & Post-op  |
| <input type="checkbox"/> Transfer patient  | Level of Care:<br>Bed request comments:<br>Scheduling/ADT  |
| <input type="checkbox"/> Return to previous bed                                    | Routine, Until discontinued, Starting S, Scheduling/ADT  |

**Admission (Single Response)**

Patient has active status order on file

- |   |  |
|---|--|
| <input type="checkbox"/> Admit to inpatient     | Diagnosis:<br>Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>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.<br>PACU & Post-op |
| <input type="checkbox"/> Transfer patient       | Level of Care:<br>Bed request comments:<br>Scheduling/ADT  |
| <input type="checkbox"/> Return to previous bed | Routine, Until discontinued, Starting S, Scheduling/ADT  |

**Transfer (Single Response)**

Patient has active inpatient status order on file

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

**Code Status**

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

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

### Isolation

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

### Precautions

<input type="checkbox"/> Aspiration precautions	Post-op
<input type="checkbox"/> Fall precautions	Increased observation level needed: Post-op
<input type="checkbox"/> Latex precautions	Post-op
<input type="checkbox"/> Seizure precautions	Increased observation level needed: Post-op

## Nursing

### Vital Signs

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 4 hours Pulse check q2 x12 then every 4 hours if patient is stable. Notify MD if absent pulse or doppler signals or change in vascular exam., Post-op
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### Activity

<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated Post-op
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: with assistance Post-op
<input type="checkbox"/> Out of bed to chair with assistance	Routine, Every 6 hours, Post-op
<input type="checkbox"/> Out of bed to chair	Routine, Every 6 hours, Post-op
<input type="checkbox"/> Bed rest	Routine, Until discontinued, Starting S Bathroom Privileges: Lay flat for 6 hours, Post-op

### Nursing

<input type="checkbox"/> Weigh patient	Routine, Once, Post-op
<input type="checkbox"/> Daily weights	Routine, Daily, Post-op
<input type="checkbox"/> Intake and output	Routine, Every 8 hours, Post-op
<input type="checkbox"/> Insert and Maintain Peripheral IV	
<input type="checkbox"/> Insert peripheral IV	Routine, Once, Post-op
<input type="checkbox"/> sodium chloride 0.9 % flush	3 mL, intravenous, every 12 hours scheduled, Post-op

<input type="checkbox"/>	IV site care	Routine, Per unit protocol, Post-op
<input type="checkbox"/>	sodium chloride 0.9 % flush	3 mL, intravenous, PRN, Post-op
<input type="checkbox"/>	Tobacco cessation education	Routine, Once, Post-op
<input type="checkbox"/>	Neurological assessment	Routine, Every 2 hours Assessment to Perform: Post CEA, Post-op
<input type="checkbox"/>	Assess operative site	Routine, Every 8 hours If patient is status post Carotid Endarterectomy, monitor neck incision for increased swelling, hematoma formation, difficulty swallowing or difficulty speaking., Post-op
<input type="checkbox"/>	Assess operative site	Routine, Now then every 8 hours If status post angiogram, monitor angiogram access site for hematoma formation, Post-op
<input type="checkbox"/>	No peripheral IV or blood draws on side of anticipated dialysis access, place sign over patient's bed	Routine, Until discontinued, Starting S, Post-op
<input type="checkbox"/>	Measure drainage	Routine, Every 6 hours Type of drain: Jackson Pratt Post-op
<input type="checkbox"/>	Have wound dressings available at bedside	Routine, Once Supplies: Have wound dressings available at bedside, Post-op
<input type="checkbox"/>	Request for central wound care equipment	Routine, Once Equipment Requested: Equipment Requested: Special Instructions: Post-op

#### Notify

<input checked="" type="checkbox"/>	Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 38.5 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: 100 Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 50 Respiratory rate greater than: 25 Respiratory rate less than: 8 SpO2 less than: 94
<input type="checkbox"/>	Notify Vascular Surgery team for urine output less than 30 milliliters/hour	Routine, Until discontinued, Starting S, Post-op
<input type="checkbox"/>	Notify Vascular Surgery team absent pulses or Doppler signals or change in the vascular exam	Routine, Until discontinued, Starting S, Post-op

#### Diet

<input type="checkbox"/>	NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Post-op
<input type="checkbox"/>	NPO	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Except meds Pre-Operative fasting options: Post-op

<input type="checkbox"/> Diet - clear liquid. Advance as tolerated	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Advance target diet criteria: Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
<input type="checkbox"/> Diet - full liquids	Diet effective now, Starting S Diet(s): Full Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
<input type="checkbox"/> Diet - heart healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
<input type="checkbox"/> Diet - Renal	Diet effective now, Starting S Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K) Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
<input type="checkbox"/> Diet - diabetic 1800 Carb	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: Post-op
<input type="checkbox"/> Diet - Regular	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op

## IV Fluids

### IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> lactated Ringer's infusion	75 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> Custom IV Fluid	intravenous, continuous, Post-op

## Medications

### Contrast Induced Nephrotoxicity Prevention

Time to contrast exposure in GREATER than 24 hours

<input type="checkbox"/>	Hydration - sodium chloride 0.9 % infusion	1 mL/kg/hr, intravenous, continuous, Post-op Begin infusion 12 hours prior to contrast exposure.
<input type="checkbox"/>	Hydration - sodium chloride 0.45 % infusion	1 mL/kg/hr, intravenous, continuous, Post-op Begin infusion 12 hours prior to contrast exposure.
<input type="checkbox"/>	Contrast media LESS than 140 mL - acetylcysteine oral	600 mg, oral, every 12 hours scheduled, For 4 Doses, Post-op Begin treatment 24 hours prior to contrast exposure
<input type="checkbox"/>	Contrast media GREATER than 140 mL - acetylcysteine oral	1,200 mg, oral, every 12 hours scheduled, For 4 Doses, Post-op Begin treatment 24 hours prior to contrast exposure
<input type="checkbox"/>	Sodium Bicarbonate - Time to contrast exposure expected in LESS than 2 hours (Selection Required)	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/>	sodium bicarbonate infusion in dextrose 5% 3 mL/kg/hr x 1 hour	3 mL/kg/hr, intravenous, continuous, Post-op
<input type="checkbox"/>	sodium bicarbonate infusion in dextrose 5% 1 mL/kg/hr x 6 hours	1 mL/kg/hr, intravenous, continuous, Starting H+1 Hours, Post-op
<input type="checkbox"/>	Sodium Chloride Infusion - Time to contrast exposure expected in LESS than 2 hours (Selection Required)	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/>	Hydration - sodium chloride 0.9 % infusion 3 mL/kg/hr x 1 hour	3 mL/kg/hr, intravenous, continuous, Post-op
<input type="checkbox"/>	Hydration - sodium chloride 0.9 % infusion 1 mL/kg/hr x 6 hours	1 mL/kg/hr, intravenous, continuous, Starting H+1 Hours, Post-op
<input type="checkbox"/>	Acetylcysteine IV - Bolus and Infusion	
<input type="checkbox"/>	Bolus - acetylcysteine (MUCOMYST) in NS 500 mL infusion	150 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op
<input type="checkbox"/>	Infusion - acetylcysteine (MUCOMYST) in NS 500 mL infusion	50 mg/kg, intravenous, for 4 Hours, once, For 1 Doses, Post-op

### Respiratory

<input type="checkbox"/>	Scheduled - albuterol nebulizer	2.5 mg, nebulization, Respiratory Therapy - every 6 hours, Post-op Aerosol Delivery Device:
<input type="checkbox"/>	As needed - albuterol nebulizer	2.5 mg, nebulization, every 6 hours PRN, wheezing, Post-op Aerosol Delivery Device:
<input type="checkbox"/>	Scheduled - ipratropium nebulizer	0.5 mg, nebulization, Respiratory Therapy - every 6 hours, Post-op Aerosol Delivery Device:
<input type="checkbox"/>	As needed - ipratropium nebulizer	0.5 mg, nebulization, every 6 hours PRN, wheezing, Post-op Aerosol Delivery Device:
<input type="checkbox"/>	Incentive spirometry	Routine, Every 2 hours while awake, Post-op

### Anti-hypertensives

<input type="checkbox"/>	hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 4 hours PRN, high blood pressure, SBP GREATER than 140 mmHg, Post-op Hold if heart rate is GREATER than 100. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/>	labetalol (TRANDATE) injection	10 mg, intravenous, every 4 hours PRN, high blood pressure, SBP GREATER than 140 mmHg, Post-op hold for heart rate LESS than 60.

### Anti-platelets

<input type="checkbox"/>	aspirin (ECOTRIN) enteric coated tablet	oral, daily, Post-op
<input type="checkbox"/>	clopidogrel (PLAVIX) tablet	300 mg, oral, once, For 1 Doses, Post-op
<input type="checkbox"/>	clopidogrel (PLAVIX) tablet	75 mg, oral, daily, Starting S+1, Post-op

### Statin Therapy (Single Response)

<input type="checkbox"/>	simvastatin (ZOCOR) tablet	40 mg, oral, nightly, Post-op
<input type="checkbox"/>	simvastatin (ZOCOR) tablet	20 mg, oral, nightly, Post-op
<input type="checkbox"/>	atorvastatin (LIPITOR) tablet	40 mg, oral, nightly, Post-op
<input type="checkbox"/>	atorvastatin (LIPITOR) tablet	10 mg, oral, nightly, Post-op

## Anti-coagulation

<input type="checkbox"/> Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE) - with titration boluses	STAT, Until discontinued, Starting S Heparin Indication: Specify: Give initial Bolus Monitoring: Anti-Xa
<input type="checkbox"/> enoxaparin (LOVENOX)	1 mg/kg, subcutaneous, every 12 hours, Post-op
<input type="checkbox"/> For renal impairment (GFR <30) - enoxaparin (LOVENOX)	1 mg/kg, subcutaneous, daily at 1700, Post-op FOR PATIENTS WITH CRCL OF LESS THAN 30 MILLILITERS PER MINUTE OR PATIENTS WITH ESRD.
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	Routine, Until discontinued, Starting S Indication:

## Postop Antibiotics (Single Response)

<input type="checkbox"/> vancomycin (VANCOCIN) IVPB	15 mg/kg, intravenous, once, S at 7:00 PM, For 1 Doses, Post-op Postop antibiotic. Give 12 hours after the first administration. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> For Severe Beta-Lactam Allergy - aztreonam (AZACTAM) IV plus vancomycin (VANCOCIN) IV	
<input type="checkbox"/> aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours, For 3 Doses, Post-op Postop antibiotic Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, S at 7:00 PM, For 1 Doses, Post-op Postop antibiotic. Give 12 hours after the first administration. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> For Vancomycin Allergy - ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	
<input type="checkbox"/> ceFAZolin (ANCEF) IV	2 g, intravenous, For 3 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> For Vancomycin Allergy - ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	
<input type="checkbox"/> ceFAZolin (ANCEF) IV	3 g, intravenous, For 3 Doses, Post-op Reason for Therapy: Surgical Prophylaxis

## PRN Oral for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response) (adjust dose for renal/liver function and age)

<input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) tablet OR elixir	<b>"Or" Linked Panel</b> Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
<input type="checkbox"/> acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.
<input type="checkbox"/> HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	<b>"Or" Linked Panel</b> Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/> HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir	<b>"Or" Linked Panel</b>

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

- |  |  |
|--|--|
| [ ] HYDROcodone-acetaminophen (NORCO)<br>7.5-325 mg per tablet     | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Maximum of 3 grams of acetaminophen per day from all sources.<br>(Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. |
| [ ] HYDROcodone-acetaminophen (HYCET)<br>7.5-325 mg/15 mL solution | 15 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Maximum of 3 grams of acetaminophen per day from all sources.<br>(Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.                    |

- ( ) HYDROcodone-acetaminophen 10/325 (NORCO) tablet **"Or" Linked Panel**  
OR elixir

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

- |  |  |
|--|--|
| [ ] HYDROcodone-acetaminophen (NORCO<br>10-325) 10-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Maximum of 3 grams of acetaminophen per day from all sources.<br>(Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. |
| [ ] HYDROcodone-acetaminophen (HYCET)<br>7.5-325 mg/15 mL solution   | 20 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Maximum of 3 grams of acetaminophen per day from all sources.<br>(Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient can not swallow tablet.                   |

- ( ) traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours) 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op  
(Max Daily dose not to exceed 200 mg/day).

Give if patient is able to tolerate oral medication

**PRN Oral for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)**  
(adjust dose for renal/liver function and age)

- ( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir **"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

- |  |  |
|--|--|
| [ ] acetaminophen-codeine (TYLENOL #3)<br>300-30 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Maximum of 3 grams of acetaminophen per day from all sources.<br>(Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. |
| [ ] acetaminophen-codeine 300 mg-30 mg<br>/12.5 mL solution    | 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op<br>Maximum of 3 grams of acetaminophen per day from all sources.<br>(Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.                  |

- ( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet **"Or" Linked Panel**  
OR elixir

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

- |   |  |
|---|--|
| [ ] HYDROcodone-acetaminophen (NORCO)<br>5-325 mg per tablet        | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) |
| [ ] HYDROcodone-acetaminophen (HYCET)<br>2.5-108.3 mg/5 mL solution | 10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)    |

- ( ) traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours) 25 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op  
(Max Daily dose not to exceed 200 mg/day). Give if patient can tolerate oral medication.

**PRN IV for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)**



If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.  
(adjust dose for renal/liver function and age)

<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/> morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/> HYDROmorphine (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed

**PRN IV for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)**

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.  
(adjust dose for renal/liver function and age)

<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/> morphine 2 mg/mL injection	1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/> HYDROmorphine (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed

**PRN Oral for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)**

(adjust dose for renal/liver function and age)

<input type="checkbox"/> HYDROmorphine (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
<input type="checkbox"/> morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
<input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication

**PRN Oral for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)**

(adjust dose for renal/liver function and age)

<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
<input type="checkbox"/> HYDROmorphine (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
<input type="checkbox"/> morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
<input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication

**PRN IV for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)**

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.  
(adjust dose for renal/liver function and age)

<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/> morphine injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/> HYDROmorphine (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed

**PRN IV for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)**

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.  
(adjust dose for renal/liver function and age)

<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/> morphine injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/> HYDROmorphine (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed

**PCA Medications (Single Response)**

<input type="checkbox"/> morPHINE PCA 30 mg/30 mL	Loading Dose (optional): Not Ordered PCA Dose: 1 mg Lockout Interval: Not Ordered Continuous Dose: 0 mg/hr MAX (Four hour dose limit): 20 mg intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE. Adjust doses for age, renal function or other factors.
<input type="checkbox"/> hydromorPHONE (DILAUDID) 15 mg/30 mL PCA	Loading Dose (optional): Not Ordered PCA Dose: 0.2 mg Lockout: Not Ordered Continuous Dose: 0 mg/hr MAX (Four hour dose limit): 3 mg intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors.

( ) fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA

Loading Dose (optional): Not Ordered<BR>PCA Dose: 10 mcg<BR>Lockout (recommended 6-8 min): Not Ordered<BR>Continuous Dose: 0 mcg/hr<BR>MAX (Four hour dose limit): 150 mcg intravenous, continuous, Post-op  
Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors.

### PCA Medications (Single Response)

( ) morPHINE 30 mg/30 mL PCA

Loading Dose (optional): Not Ordered<BR>PCA Dose: 1 mg<BR>Lockout Interval: Not Ordered<BR>Continuous Dose: 0 mg/hr<BR>MAX (Four hour dose limit): 20 mg intravenous, continuous, Post-op  
Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE. Adjust doses for age, renal function or other factors.

( ) hydromorPHONE (DILAUDID) 15 mg/30 mL PCA

Loading Dose (optional): Not Ordered<BR>PCA Dose: 0.2 mg<BR>Lockout: Not Ordered<BR>Continuous Dose: 0 mg/hr<BR>MAX (Four hour dose limit): 3 mg intravenous, continuous, Post-op  
Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors.

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

Nurse Loading Dose: Not Ordered<BR>PCA Dose: 10 mcg<BR>Lockout Interval: Not Ordered<BR>Continuous Dose: 0 mcg/hr<BR>MAX (Four hour dose limit): 150 mcg intravenous, continuous, Post-op  
Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors.

### Nausea

[ ] ondansetron (ZOFTRAN) IV or Oral (Selection Required)

"Or" Linked Panel

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

### Bowel regimen (Single Response)

<input type="checkbox"/>	docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Post-op
<input type="checkbox"/>	bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op
<input type="checkbox"/>	sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, daily PRN, constipation, Post-op

## VTE

### DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)

URL: "\appt1.pdf"

<input type="checkbox"/>	Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
<input type="checkbox"/>	LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk factors	
<input type="checkbox"/>	Low Risk (Single Response) (Selection Required) <input type="checkbox"/> Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation PACU & Post-op
<input type="checkbox"/>	MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
<input type="checkbox"/>	Moderate Risk (Selection Required) <input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/>	Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

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

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

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

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

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

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

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

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

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

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

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

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

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

Mechanical Prophylaxis (Single Response) (Selection Required)

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

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

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



High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

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

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

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

Mechanical Prophylaxis (Single Response) (Selection Required)

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

### DVT Risk and Prophylaxis Tool (Single Response)

URL: "\appt1.pdf"

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

#### Low Risk (Single Response) (Selection Required)

<input type="checkbox"/> Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation PACU & Post-op
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<input type="checkbox"/> MODERATE Risk of DVT - Surgical (Selection Required)	
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.	
One or more of the following medical conditions:	
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome	
Age 60 and above	
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hours	
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	

#### Moderate Risk (Selection Required)

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

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

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

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

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

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

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

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

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

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

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

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

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

<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
[ ] High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
<input type="checkbox"/> aspirin chewable tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.

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

## Labs

### Laboratory Today

<input type="checkbox"/> CBC with platelet and differential	Once, Post-op
<input type="checkbox"/> Basic metabolic panel	Once, Post-op
<input type="checkbox"/> Prothrombin time with INR	Once, Post-op
<input type="checkbox"/> Partial thromboplastin time	Once, Post-op
<input type="checkbox"/> Magnesium level	Once, Post-op

### Laboratory Tomorrow

<input type="checkbox"/> CBC with platelet and differential	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Basic metabolic panel	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Prothrombin time with INR	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Partial thromboplastin time	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Magnesium level	AM draw For 1 Occurrences, Post-op

## Cardiology

## Imaging

## Other Studies

## Respiratory

## Rehab

## Consults

**Ancillary Consults**

<input type="checkbox"/> Consult to Case Management	Consult Reason: Post-op
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Post-op
<input type="checkbox"/> Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal): Weight Bearing Status: Post-op
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound? Post-op
<input type="checkbox"/> Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal): Weight Bearing Status: Post-op
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic: Post-op
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? Post-op
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult: Post-op
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Post-op
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult? Post-op
<input type="checkbox"/> Consult To Interventional Radiology	Routine, 1 time imaging For 1 , Post-op

**Additional Orders**