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General	
Precautions	
[] Fall precautions	Increased observation level needed: On Admission and every 8 hours, L&D Pre-Delivery
[] Latex precautions	L&D Pre-Delivery
[] Seizure precautions	Increased observation level needed: Initiate seizure/ PIH precautions, L&D Pre-Delivery
ERAS Pathway	
ERAS Pain Medications	
[] ibuprofen (ADVIL) tablet	800 mg, oral, every 8 hours scheduled
[] acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours scheduled
[] oxyCODone (ROXICODONE) immediate release tab	5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), severe pain (score 7-10)
Nursing	
Activity	
[X] Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated Postpartum
[X] Patient may shower	Routine, As needed Specify: Additional modifier: Postpartum
Vital Signs	
[X] Vital signs - T/P/R/BP	Routine, Every 15 min Complete vital signs every 15 minutes x 8, followed by every 4 hours x 24 hours, followed by floor protocol., Postpartum
[] Vital signs	Routine, Per unit protocol, Postpartum
Nursing care	
[] Discontinue IV	Routine, Once Discontinue IV when infusion complete and patient is stable. May saline lock if patient still requires IV medications., Postpartum
[] Breast pump to bed	Routine, Once, Postpartum
[X] Bladder scan	Routine, As needed If patient remains unable to void 4 hrs post straight cath, inser Foley and Notify physician, Postpartum
[X] Straight cath	Routine, Conditional Frequency For 1 Occurrences Post bladder scan: If regional block and unable to void on bedpan, may straight cath x 1 then insert foley to Bed Side Drainage (record amount obtained from straight cath)., Postpartum
[X] Insert and maintain Foley	· · · · · · · · · · · · · · · · · · ·
[X] Insert Foley catheter R Ty Si U If in	outine, Conditional Frequency For 1 Occurrences ype: ize: Irinometer needed: regional block and unable to void on bedpan, may straight cath x 1 the isert foley to Bed Side Drainage and and notify physician. (Record urine utput obtained from the straight cath)., Postpartum

	ie, Conditional Frequency s: Maintain artum
[] Uterine fundal massage	Routine, Every 4 hours For Until specified Postpartum for 24 hours and PRN, Postpartum
[] Infant skin to skin on mother immediately after birth unless not clinically appropriate	Routine, Until discontinued, Starting S, Postpartum
[] Initiate breastfeeding immediately following delivery	Routine, Until discontinued, Starting S, Postpartum
[] Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
[] Place antiembolic stockings	Routine, Until discontinued, Starting S, Postpartum
Perineal Care	
[X] Apply ice pack	Routine, Until discontinued, Starting S Afftected area: To perineum, for 8-12 hours after delivery then may have sitz bath at least two times daily, then as needed for patient discomfort. Postpartum
[] Sitz bath	Routine, Once Begin 8-12 hours post-delivery as needed, Postpartum
[X] Patient education- Perineal instructions post delivery	Routine, Once Patient/Family: Patient Education for: Other (specify) Specify: Perineal care instructions after delivery Postpartum
Notify	
[X] Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 80 Diastolic BP greater than: 110 Diastolic BP less than: 50 MAP less than: Heart rate greater than (BPM): Heart rate less than (BPM): Respiratory rate greater than: 24 Respiratory rate less than: 12 SpO2 less than:
[] Notify Physician if uterus boggy and blood pressure is less than 140/90	Routine, Until discontinued, Starting S, Postpartum
[X] Notify Physician for abnormal bleeding	Routine, Until discontinued, Starting S, Postpartum
[] Notify Lactation Specialist	Routine, Until discontinued, Starting S, To see patient, Postpartum
[X] Notify Physician for discharge order when:	Routine, Until discontinued, Starting S, Temperature is not above 100 degrees F for at least 12 hours, able to void adequately, able to verbalize discharge instructions, patient has discharge prescriptions, if indicated, Postpartum
[X] Notify Physician if foley catheter is inserted	Routine, Until discontinued, Starting S, If patient has a regional block, unable to void on bedpan and a foley is inserted, Postpartum
Diet	
[X] Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Postpartum

[] Diet - Clear Liquid	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: Postpartum
Medications	
Vaccines - NOT HMSJ	
[X] measles-mumps-rubella Vaccine	subcutaneous, once PRN, immunization, Postpartum Patient Consent if Rubella Non-Immune
[X] diphtheria-pertussis-tetanus (ADACEL) Vaccine	0.5 mL, intramuscular, once PRN, If not given during pregnancy., Postpartum Upon patient consent and prior to discharge.
Vaccines - HMSJ Only	
[X] measles-mumps-rubella Vaccine	subcutaneous, once PRN, immunization, Postpartum Patient Consent if Rubella Non-Immune
[X] Tdap (BOOSTRIX) Vaccine	0.5 mL, intramuscular, once PRN, immunization, immunization. If not given during pregnancy., Postpartum Upon patient consent and prior to discharge.
Prenatal Vitamins - NOT HMH, HMWB	
[] multivitamin prenatal	1 tablet, oral, daily, Postpartum
Prenatal Vitamins - HMH, HMWB Only	
[] PNV #30-iron-folic acid-omega3 30 mg iron-10 mg iron-1 mg per capsule	1 capsule, oral, daily, Postpartum
Mild Pain (Pain Score 1-3) - NOT HMSL (Single Response)	
() acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), headaches, fever, Postpartum Monitor and record pain scores and respiratory status.
() HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	Maximum of 3 gramsof acetaminophen per day 1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Postpartum Monitor and record pain scores and respiratory status. Maximum of 3 gramsof acetaminophen per day
() HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Postpartum
() acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Postpartum
Mild Pain (Pain Score 1-3) - HMSL Only (Single Response)	
() acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), headaches, fever, Postpartum Monitor and record pain scores and respiratory status. Maximum of 3 gramsof acetaminophen per day
() HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Postpartum Monitor and record pain scores and respiratory status. Maximum of 3 gramsof acetaminophen per day
() acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Postpartum

Moderate Pain (Pain Score 4-6) - NOT HMSL, HMSJ (Single Response)

) HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum
) HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum
) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum
Ioderate Pain (Pain Score 4-6) - HMSL, HMSJ Only (Single	Response)
) HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum
) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum
evere Pain (Pain Score 7-10) (Single Response)	
) HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Postpartum
) oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Postpartum Monitor and record pain scores and respiratory status. Maximum of 3 gramsof acetaminophen (total from all sources) per day in adults.
) oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, severe pain (score 7-10), Postpartum Monitor and record pain scores and respiratory status
Adjunct Pain Medications	
() For patients ages GREATER than 64 OR weight LESS	"Followed by" Linked Panel
than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) Oral and IV Do NOT use in patients with eGFR LESS than 30 mL/mir WARNING: Use is contraindicated for treatment of periop (CABG) surgery.	n AND/OR patients LESS than 17 years of age. perative pain OR in the setting of coronary artery bypass graft
(TORADOL) Oral and IV Do NOT use in patients with eGFR LESS than 30 mL/mir WARNING: Use is contraindicated for treatment of periop (CABG) surgery.	perative pain OR in the setting of coronary artery bypass graft
(TORADOL) Oral and IVDo NOT use in patients with eGFR LESS than 30 mL/mir WARNING: Use is contraindicated for treatment of periop (CABG) surgery.[] keTOROlac (TORadol) tablet10 mg, 15 mg, weight LESS than 50 kg OR eGFR 30-59	perative pain OR in the setting of coronary artery bypass graft
(TORADOL) Oral and IV Do NOT use in patients with eGFR LESS than 30 mL/mir WARNING: Use is contraindicated for treatment of periop (CABG) surgery. [] keTOROlac (TORadol) tablet [] for patients ages GREATER than 64 OR [] For patients ages GREATER than 50 kg OR eGFR 30-59 [] For patients ages 17-64 AND weight GREATER than or [] For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min -	oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum intravenous, every 6 hours PRN, moderate pain (score 4-6),
 (TORADOL) Oral and IV Do NOT use in patients with eGFR LESS than 30 mL/mir WARNING: Use is contraindicated for treatment of periop (CABG) surgery. [] keTOROlac (TORadol) tablet [] For patients ages GREATER than 64 OR [] For patients ages GREATER than 64 OR [] For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) Oral Tablet and IV Do NOT use in patients with eGFR LESS than 30 mL/mir 	oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum intravenous, every 6 hours PRN, moderate pain (score 4-6), H+6 Hours, Postpartum "Followed by" Linked Panel
(TORADOL) Oral and IV Do NOT use in patients with eGFR LESS than 30 mL/mir WARNING: Use is contraindicated for treatment of periop (CABG) surgery. [] keTOROlac (TORadol) tablet 10 mg, [] For patients ages GREATER than 64 OR 15 mg, weight LESS than 50 kg OR eGFR 30-59 Starting mL/min - ketorolac (TORADOL) injection 10 reget () For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) Oral Tablet and IV Do NOT use in patients with eGFR LESS than 30 mL/mir WARNING: Use is contraindicated for treatment of periop (CABG) surgery.	oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum intravenous, every 6 hours PRN, moderate pain (score 4-6), g H+6 Hours, Postpartum "Followed by" Linked Panel n AND/OR patients LESS than 17 years of age. perative pain OR in the setting of coronary artery bypass graft
(TORADOL) Oral and IV Do NOT use in patients with eGFR LESS than 30 mL/mir WARNING: Use is contraindicated for treatment of periop (CABG) surgery. [] keTOROlac (TORadol) tablet 10 mg, [] For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 15 mg, mL/min - ketorolac (TORADOL) injection 10 mg, () For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) Oral Tablet and IV Do NOT use in patients with eGFR LESS than 30 mL/mir WARNING: Use is contraindicated for treatment of periop (CABG) surgery. [] keTOROlac (TORadol) tablet 10 mg, [] For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 30 mg,	oral, every 6 hours PRN, moderate pain (score 4-6), Postpartun intravenous, every 6 hours PRN, moderate pain (score 4-6), g H+6 Hours, Postpartum "Followed by" Linked Panel n AND/OR patients LESS than 17 years of age. perative pain OR in the setting of coronary artery bypass graft
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(TORADOL) Oral and IV Do NOT use in patients with eGFR LESS than 30 mL/mir WARNING: Use is contraindicated for treatment of periop (CABG) surgery. [] keTOROlac (TORadol) tablet 10 mg, [] For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 15 mg, mL/min - ketorolac (TORADOL) injection 10 mg, () For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) Oral Tablet and IV Do NOT use in patients with eGFR LESS than 30 mL/mir WARNING: Use is contraindicated for treatment of periop (CABG) surgery. [] keTOROlac (TORadol) tablet 10 mg, [] For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 30 mg, mL/min - ketorolac (TORADOL) injection 30 mg,	oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum intravenous, every 6 hours PRN, moderate pain (score 4-6), g H+6 Hours, Postpartum "Followed by" Linked Panel "Followed by" Linked Panel a AND/OR patients LESS than 17 years of age. berative pain OR in the setting of coronary artery bypass graft oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum intravenous, every 6 hours PRN, moderate pain (score 4-6), Postpartum 600 mg, oral, every 6 hours PRN, Cramping, Laceration or Incision Pain, Postpartum May be used in conjunction with acetaminophen with codeine
(TORADOL) Oral and IV Do NOT use in patients with eGFR LESS than 30 mL/mir WARNING: Use is contraindicated for treatment of periop (CABG) surgery. [] keTOROlac (TORadol) tablet 10 mg, [] For patients ages GREATER than 64 OR 15 mg, weight LESS than 50 kg OR eGFR 30-59 Starting mL/min - ketorolac (TORADOL) injection 10 For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) Oral Tablet and IV 10 NOT use in patients with eGFR LESS than 30 mL/mir WARNING: Use is contraindicated for treatment of periop (CABG) surgery. [] keTOROlac (TORadol) tablet 10 mg, [] For patients ages GREATER than 64 OR 30 mg, weight LESS than 50 kg OR eGFR 30-59 Starting [] keTOROlac (TORadol) tablet 10 mg, [] For patients ages GREATER than 64 OR 30 mg, [] keTOROlac (TORadol) tablet 10 mg, [] starting [] keTOROlac (TORAdol) tablet 10 mg, [] ketorolac (TORADOL) i	berative pain OR in the setting of coronary artery bypass graft oral, every 6 hours PRN, moderate pain (score 4-6), Postpartun intravenous, every 6 hours PRN, moderate pain (score 4-6), g H+6 Hours, Postpartum "Followed by" Linked Panel AND/OR patients LESS than 17 years of age. berative pain OR in the setting of coronary artery bypass graft oral, every 6 hours PRN, moderate pain (score 4-6), Postpartun intravenous, every 6 hours PRN, moderate pain (score 4-6), Postpartun intravenous, every 6 hours PRN, moderate pain (score 4-6), Postpartun foral, every 6 hours PRN, moderate pain (score 4-6), Postpartun foral, every 6 hours PRN, moderate pain (score 4-6), Postpartum foral, every 6 hours PRN, moderate pain (score 4-6), Postpartum May be used in conjunction with acetaminophen with codeine (TYLENOL #3) tablets. Topical, every 3 hours PRN, hemorrhoids, Postpartum
(TORADOL) Oral and IV Do NOT use in patients with eGFR LESS than 30 mL/mir WARNING: Use is contraindicated for treatment of periop (CABG) surgery. [] keTOROlac (TORadol) tablet 10 mg, [] For patients ages GREATER than 64 OR 15 mg, weight LESS than 50 kg OR eGFR 30-59 Starting mL/min - ketorolac (TORADOL) injection () For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) Oral Tablet and IV Do NOT use in patients with eGFR LESS than 30 mL/mir WARNING: Use is contraindicated for treatment of periop (CABG) surgery. [] keTOROlac (TORadol) tablet 10 mg, [] For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 Starting mL/min - ketorolac (TORADOL) injection K] ibuprofen (ADVIL,MOTRIN) tablet 10 mg, Variable Care - HMH, HMSTC, HMSTJ Only X dibucaine (NUPERCAINAL) 1 % ointment benzocaine-menthol (DERMOPLAST) 20-0.5 % topical	 berative pain OR in the setting of coronary artery bypass graft oral, every 6 hours PRN, moderate pain (score 4-6), Postpartun intravenous, every 6 hours PRN, moderate pain (score 4-6), 9 H+6 Hours, Postpartum "Followed by" Linked Panel AND/OR patients LESS than 17 years of age. berative pain OR in the setting of coronary artery bypass graft oral, every 6 hours PRN, moderate pain (score 4-6), Postpartun intravenous, every 6 hours PRN, moderate pain (score 4-6), Postpartun intravenous, every 6 hours PRN, moderate pain (score 4-6), Postpartun intravenous, every 6 hours PRN, moderate pain (score 4-6), 9 H+6 Hours, Postpartum 600 mg, oral, every 6 hours PRN, Cramping, Laceration or Incision Pain, Postpartum May be used in conjunction with acetaminophen with codeine (TYLENOL #3) tablets. Topical, every 3 hours PRN, hemorrhoids, Postpartum Topical, PRN, mild pain (score 1-3), Postpartum
(TORADOL) Oral and IV Do NOT use in patients with eGFR LESS than 30 mL/mir WARNING: Use is contraindicated for treatment of periop (CABG) surgery. [] keTOROlac (TORadol) tablet 10 mg, [] For patients ages GREATER than 64 OR 15 mg, weight LESS than 50 kg OR eGFR 30-59 Starting mL/min - ketorolac (TORADOL) injection 10 For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) Oral Tablet and IV 10 NOT use in patients with eGFR LESS than 30 mL/mir WARNING: Use is contraindicated for treatment of periop (CABG) surgery. [] keTOROlac (TORadol) tablet 10 mg, [] For patients ages GREATER than 64 OR surgery. 30 mg, weight LESS than 50 kg OR eGFR 30-59 ML/min - ketorolac (TORAdol) tablet 10 mg, 10 mg, [] For patients ages GREATER than 64 OR surgery. 30 mg, [] keTOROlac (TORadol) tablet 10 mg, [] ketoronolac (TORAdol) tablet 10 mg, [] ketor	berative pain OR in the setting of coronary artery bypass graft oral, every 6 hours PRN, moderate pain (score 4-6), Postpartun intravenous, every 6 hours PRN, moderate pain (score 4-6), g H+6 Hours, Postpartum "Followed by" Linked Panel AND/OR patients LESS than 17 years of age. berative pain OR in the setting of coronary artery bypass graft oral, every 6 hours PRN, moderate pain (score 4-6), Postpartun intravenous, every 6 hours PRN, moderate pain (score 4-6), Postpartun intravenous, every 6 hours PRN, moderate pain (score 4-6), Postpartun foral, every 6 hours PRN, moderate pain (score 4-6), Postpartun foral, every 6 hours PRN, moderate pain (score 4-6), Postpartum foral, every 6 hours PRN, moderate pain (score 4-6), Postpartum May be used in conjunction with acetaminophen with codeine (TYLENOL #3) tablets. Topical, every 3 hours PRN, hemorrhoids, Postpartum

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Perineal Care - HMSL Only	
[X] dibucaine (NUPERCAINAL) 1 % ointment	Topical, every 3 hours PRN, hemorrhoids, Postpartum
 benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray 	Topical, PRN, mild pain (score 1-3), Postpartum PATIENT MAY SELF ADMINISTER. For topical use only.
[] dibucaine (NUPERCAINAL) 1 % ointment	1 application, Topical, 3 times daily, Postpartum
[X] glycerin-witch hazel 12.5-50 % topical pads pads, medicated	Topical, daily PRN, irritation, Postpartum
Perineal Care - HMWB, HMTW Only	
[X] dibucaine (NUPERCAINAL) 1 % ointment	Topical, every 3 hours PRN, hemorrhoids, Postpartum
[] benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray	Topical, PRN, mild pain (score 1-3), Postpartum PATIENT MAY SELF ADMINISTER. For topical use only.
[X] glycerin-witch hazel 12.5-50 % topical (TUCKS) pads	Topical, daily PRN, irritation, Postpartum
Perineal Care - HMSJ Only	
[X] benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray	Topical, PRN, mild pain (score 1-3), Postpartum PATIENT MAY SELF ADMINISTER. For topical use only.
[X] dibucaine (NUPERCAINAL) 1 % ointment	1 application, Topical, PRN, hemorrhoids, Postpartum
[X] glycerin-witch hazel 12.5-50 % topical (TUCKS) pads	Topical, daily PRN, irritation, Postpartum
Perineal Care - HMW Only	
[X] dibucaine (NUPERCAINAL) 1 % ointment	Topical, every 3 hours PRN, hemorrhoids, Postpartum
[X] benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray	Topical, PRN, mild pain (score 1-3), Postpartum PATIENT MAY SELF ADMINISTER. For topical use only.
[] hydrocortisone-pramoxine (EPIFOAM) foam	1 application, Topical, 3 times daily, Postpartum
[X] glycerin-witch hazel 12.5-50 % topical (TUCKS) pads	Topical, daily PRN, irritation, Postpartum
Breast Care	
[X] Ianolin cream	1 application, Topical, PRN, dry skin, nipple redness or pain, Postpartum
Bowel Care - NOT HMSJ	
[] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly PRN, constipation, Postpartum
[] magnesium hydroxide suspension	30 mL, oral, nightly PRN, indigestion, Postpartum
[] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Postpartum
[X] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Postpartum
Bowel Care - HMSJ Only	
[] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly PRN, constipation, Postpartum
[] magnesium hydroxide suspension	30 mL, oral, nightly PRN, indigestion, Postpartum
[] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Postpartum
[X] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Postpartum
Fever Care	
[X] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, For temperature greater than 100.3, Postpartum
[] aspirin tablet	325 mg, oral, every 4 hours PRN, For temperature greater than 100.4, Postpartum
oxytocin (PITOCIN) Bolus and Maintenance Infusion	
[X] oxytocin (PITOCIN) Bolus and Maintenance Infusion	"Followed by" Linked Panel
	, intravenous, for 30 Minutes, once, For 1 Doses, Postpartum

[X] oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, once, Starting H+30 Minutes, For 1 Doses, Postpartum
	Run at 95 mL/hr for 3.5 hours. Total 20 units over 3.5 hours. (Infuse at rate of 95 mL/hr over 3.5 hours)
	Increase to 999 mL/hr for uterine tone and bleeding per physician instructions.
Bleeding Medications (Single Response)	
() oxytocin (PITOCIN) infusion and methylergonovin (METHERGINE)	e "And" Linked Panel
methylergonovine (METHERGINE) is contraindica	ated if BP GREATER than 140/90 mmHg
[] oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, PostPartum Vaginal Bleeding, Postpartum If uterine atony or if excessive bleeding persists, infuse oxytocin at
	999mL/hr.
[] methylergonovine (METHERGINE) injection - Contraindicated if BP GREATER than	200 mcg, intramuscular, once PRN, as needed for vaginal bleeding not controlled by oxytocin, Postpartum
140/90 mmHg	Use if inadequate response to oxytocin. Notify Physician if further treatment needed. Contraindicated if BP GREATER than 140/90 mmHg
() oxytocin (PITOCIN) infusion AND carboprost (HEMABATE) injection And diphenoxylate-atropin (LOMOTIL) oral dose	"And" Linked Panel e
[] oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, PostPartum Vaginal Bleeding, Postpartum
	If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.
[] carboprost (HEMABATE) injection	250 mcg, intramuscular, once PRN, for Vaginal Bleeding uncontrolled by oxytocin., Postpartum
[] diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet	1 tablet, oral, once PRN, diarrhea, Postpartum
() oxytocin (PITOCIN) infusion and misoprostol (CYTOTEC)	"And" Linked Panel
[] oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, Postpartum Bleeding, Postpartum
	If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr
[] misoprostol (CYTOTEC) tablet	1,000 mcg, rectal, once PRN, as needed for vaginal bleeding not controlled by oxytocin, Postpartum
	Use if inadequate response to oxytocin. Notify Physician if further treatment needed.
Insomnia (Single Response)	
(X) zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Postpartum
Antiemetics - HMH, HMSJ, HMW, HMSTC, HMTW C	Dnly
[X] ondansetron (ZOFRAN) IV or Oral (Selection Req	
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Postpartum 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, Postpartum Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IV or Oral or Recta	Or" Linked Panel
[X] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

L	[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Postpartum
L		Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
L		tolerate oral medication.

Antiemetics - HMSL, HMWB Only

	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Postpartum 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, Postpartum
	Give if patient is UNable to tolerate oral medication OR if a faster onset o
	action is required.
[] promethazine (PHENERGAN) IV or Oral or Recta	
[X] promethazine (PHENERGAN) 12.5 mg in	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN,
sodium chloride 0.9 % 0.9 % 20 mL for	nausea, vomiting, Postpartum
Alaris pump syringe option	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
Alaris pump synnge option	tolerate oral or rectal medication OR if a faster onset of action is required
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Postpartum
[] [······	Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate
	oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Postpartum
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
	tolerate oral medication.
ntiemetics - HMSTJ Only	
[] ondansetron (ZOFRAN) IV or Oral (Selection Re	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Postpartum
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Postpartum
	Give if patient is UNable to tolerate oral medication OR if a faster onset o
	action is required.
K] promethazine (PHENERGAN) IVPB or Oral or Relation of the second se	
[X] promethazine (PHENERGAN) 25 mg in	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea,
sodium chloride 0.9 % 50 mL IVPB	vomiting, Postpartum
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required
[X] promethazine (PHENERGAN) tablet	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 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Postpartum
	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 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate
[X] promethazine (PHENERGAN) tablet	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 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
	 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 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Postpartum
[X] promethazine (PHENERGAN) tablet	 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 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
[X] promethazine (PHENERGAN) tablet	 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 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerat oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Postpartum
[X] promethazine (PHENERGAN) tablet[X] promethazine (PHENERGAN) suppository	 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 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
[X] promethazine (PHENERGAN) tablet	 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 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolera oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolera oral medication.

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Nursing	
 [X] Rhogam Workup: If cord blood is Rh positive, complete Rhogam workup on mother and administer Rh immune globulin 300 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery. Labs 	Routine, Until discontinued, Starting S, Postpartum
[X] Fetal Screen	Conditional Frequency, Starting S For 1 Occurrences Conditional- One activation- If Rh Negative Mom and Rh Positive infant, Postpartum
[] Rhogam Type and Screen	Once, Postpartum

[] Rhogam Type and Screen

Medication

injection	300 mcg, intramuscular, PRN, Rhogam Workup: If cord blood is Rh positive, complete Rhogam workup on mother and administer Rh immune globulin 300 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery., For 1 Doses, Postpartum
VTE	
DVT Risk and Prophylaxis Tool (Single Response) (Sele Low Risk Definition Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanic contraindicated. High Risk Definition Both pharmacologic AND mechanical prophylaxis must be Age less than 60 years and NO other VTE risk factors On following medical conditions: Patient already adequately anticoagulated CHF, MI, lung veins, cancer, sepsis, obesity, previous stroke, rheumatol	cal prophylaxis is optional unless pharmacologic is e addressed. he or more of the following medical conditions: One or more of the disease, pneumonia, active inflammation, dehydration, varicose logic disease, sickle cell disease, leg swelling, ulcers, venous eiden, prothrombin variant mutations, anticardiolipin antibody ; hyperhomocysteinemia; myeloproliferative disorders) aumas ominal or pelvic surgery for CANCER
() LOW Risk of DVT (Selection Required) Low Risk Definition	
Age less than 60 years and NO other VTE risk factors	
Age less than 60 years and NO other VTE risk factors	
[] Low Risk (Single Response) (Selection Required) () Low risk of VTE Rou Low earl	itine, Once / risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae y ambulation toartum
[] Low Risk (Single Response) (Selection Required) () Low risk of VTE Rou Low earl	/ risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae y ambulation tpartum
[] Low Risk (Single Response) (Selection Required) () Low risk of VTE Rou () Low risk of VTE Rou Low earl Pos Pos) MODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechan contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation,	v risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae y ambulation tpartum I) nical prophylaxis is optional unless pharmacologic is dehydration, varicose veins, cancer, sepsis, obesity, previous
 [] Low Risk (Single Response) (Selection Required) () Low risk of VTE Rou Low earl Pos MODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechan contraindicated. One or more of the following medical conditions: 	v risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae y ambulation tpartum I) nical prophylaxis is optional unless pharmacologic is dehydration, varicose veins, cancer, sepsis, obesity, previous
 [] Low Risk (Single Response) (Selection Required) () Low risk of VTE Rou Low earl Pos MODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechan contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, stroke, rheumatologic disease, sickle cell disease, leg stroke, rheumatologic disease, sickle cell disease, leg stroke for the following medical conditions: 	v risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae y ambulation tpartum I) nical prophylaxis is optional unless pharmacologic is dehydration, varicose veins, cancer, sepsis, obesity, previous
[] Low Risk (Single Response) (Selection Required) () Low risk of VTE Row Low earl Pos () MODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechan contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, stroke, rheumatologic disease, sickle cell disease, leg stroke, rheumatologic disease, sickle cell disease, leg stroke for 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	v risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae y ambulation tpartum I) nical prophylaxis is optional unless pharmacologic is dehydration, varicose veins, cancer, sepsis, obesity, previous welling, ulcers, venous stasis and nephrotic syndrome
 [] Low Risk (Single Response) (Selection Required) () Low risk of VTE Rou Low earl Pos MODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechan contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, stroke, rheumatologic disease, sickle cell disease, leg stroke, rheumatologic disease, sickle cell disease, leg stroke for the following 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 	v risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae y ambulation tpartum l) nical prophylaxis is optional unless pharmacologic is dehydration, varicose veins, cancer, sepsis, obesity, previous welling, ulcers, venous stasis and nephrotic syndrome

[]	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	ohylaxis "And" Linked Panel
[]	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)	ponse)
$\overline{()}$	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
$\overline{()}$) 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
()) 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
()) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
()	fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, 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, Starting S+1 Indication:
	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	DERATE Risk of DVT - Non-Surgical (Selectio quired)	n
Pha cor On CH stro Age Ce	ntraindicated. e or more of the following medical conditions: IF, MI, lung disease, pneumonia, active inflamm oke, rheumatologic disease, sickle cell disease, e 60 and above ntral line	echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
Ant Les Est Mo	atory of DVT or family history of VTE ticipated length of stay GREATER than 48 hour as than fully and independently ambulatory trogen therapy derate or major surgery (not for cancer) jor surgery within 3 months of admission	rs
	Moderate Risk (Selection Required)	
	Moderate risk of VTE	Routine, Once, Postpartum
1	Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required)	tion
	on 9/17/2020 at 8:35 AM from SUP	Page 9 of 19

	order Sequential compression device	
	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
C	Place/Maintain sequential compression device continuous	Routine, Continuous
A A	ontraindications exist for pharmacologic proph ND 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 prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
	noxaparin (LOVENOX) injection (Single Respo Selection Required)	onse)
() e	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() p	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 3 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
() 10	ondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Postpartum If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() he	eparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, Postpartum
fo	eparin (porcine) injection (Recommended or patients with high risk of bleeding, e.g. reight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, Postpartum Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
() wa	arfarin (COUMADIN) tablet	oral, daily at 1700, Postpartum Indication:
	harmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:
	Risk of DVT - Surgical (Selection Required)	
Both p One o Throm	Risk Definition pharmacologic AND mechanical prophylaxis n or more of the following medical conditions: nbophilia (Factor V Leiden, prothrombin variar otein S deficiency; hyperhomocysteinemia; my re fracture of hip, pelvis or leg te spinal cord injury with paresis	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Sever Acute Multip Abdor Acute	ble major traumas minal or pelvic surgery for CANCER sischemic stroke ry of PE	

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

	tions exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum
() enoxaparin ((Selection Re	LOVENOX) injection (Single Res equired)	ponse)
() enoxaparin	(LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
	h CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
	ight between 100-139 kg AND TER 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
	ight 140 kg or GREATER AND TER 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
() fondaparinux	(ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1, Postpartum If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (por	cine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Postpartur
() heparin (por for patients v	cine) injection (Recommended vith high risk of bleeding, e.g. g and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, Postpartum Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (CO	UMADIN) tablet	oral, daily at 1700, Starting S+1, Postpartum Indication:
() Pharmacy co (COUMADIN	onsult to manage warfarin I)	STAT, Until discontinued, Starting S Indication:
	rophylaxis (Single Response) (Se	lection
Required)		
· · · · · ·	tions exist for mechanical	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) Postpartum
() Contraindica prophylaxis	in sequential compression	No mechanical VTE prophylaxis due to the following contraindication(s)
 () Contraindica prophylaxis () Place/Mainta device contir 	in sequential compression	No mechanical VTE prophylaxis due to the following contraindication(s) Postpartum Routine, Continuous, Postpartum
 () Contraindica prophylaxis () Place/Mainta device contir HIGH Risk of DV High Risk Definit Both pharmacolo One or more of t 	ain sequential compression nuous /T - Non-Surgical (Selection Requ ion ogic AND mechanical prophylaxis he following medical conditions:	No mechanical VTE prophylaxis due to the following contraindication(s) Postpartum Routine, Continuous, Postpartum nired) must be addressed.
 Contraindica prophylaxis Place/Mainta device contir HIGH Risk of DV High Risk Definit Both pharmacold One or more of t Thrombophilia (For protein S defices Severe fracture of Acute spinal con Multiple major training 	ain sequential compression nuous /T - Non-Surgical (Selection Requ ion bgic AND mechanical prophylaxis he following medical conditions: Factor V Leiden, prothrombin varia ciency; hyperhomocysteinemia; m of hip, pelvis or leg rd injury with paresis aumas lvic surgery for CANCER	No mechanical VTE prophylaxis due to the following contraindication(s) Postpartum Routine, Continuous, Postpartum uired) must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
 () Contraindica prophylaxis () Place/Mainta device contir HIGH Risk of DV High Risk Definit Both pharmacold One or more of t Thrombophilia (F or protein S defice Severe fracture of Acute spinal co Multiple major tra Abdominal or pe Acute ischemic s History of PE High Risk (Se 	ain sequential compression nuous /T - Non-Surgical (Selection Requ ion bgic AND mechanical prophylaxis he following medical conditions: Factor V Leiden, prothrombin varia ciency; hyperhomocysteinemia; m of hip, pelvis or leg rd injury with paresis aumas lvic surgery for CANCER stroke	No mechanical VTE prophylaxis due to the following contraindication(s) Postpartum Routine, Continuous, Postpartum iired) must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
 () Contraindica prophylaxis () Place/Mainta device contir HIGH Risk of DV High Risk Definit Both pharmacold One or more of t Thrombophilia (F or protein S defice Severe fracture of Acute spinal con Multiple major tra Abdominal or pe Acute ischemic s High Risk (Se [] High Risk (Se [] High Risk of N] High Risk Pha 	ain sequential compression nuous /T - Non-Surgical (Selection Requ ion bgic AND mechanical prophylaxis he following medical conditions: Factor V Leiden, prothrombin varia ciency; hyperhomocysteinemia; m of hip, pelvis or leg rd injury with paresis aumas lvic surgery for CANCER stroke	No mechanical VTE prophylaxis due to the following contraindication(s) Postpartum Routine, Continuous, Postpartum iired) must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once, Postpartum Surgical

$\overline{()}$	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, Postpartum 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):
$\overline{()}$	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, Postpartum
$\left(\right)$	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, Postpartum
()	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.
$\overline{()}$	warfarin (COUMADIN) tablet	oral, daily at 1700, Postpartum
()		Indication:
$\overline{()}$	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
()	(COUMADIN)	Indication:
[] N	· · · · · · · · · · · · · · · · · · ·	
F	Mechanical Prophylaxis (Single Response) (Sele Required)	
()	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
		Postpartum
()	Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
	GH Risk of DVT - Surgical (Hip/Knee) (Selection quired)	
Bot One Thr or p Sev Ac Mu Abo	h Risk Definition th pharmacologic AND mechanical prophylaxis r e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[]	High Risk (Selection Required)	
	High risk of VTE	Routine, Once, Postpartum
(High Risk Pharmacological Prophylaxis - Hip or (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)	
$\overline{()}$	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
()	enovapann (LOVENOA) synnge	40 mg, subculaneous, daily at 0000, 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, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
()	enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
()	enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCI 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
() f	ondaparinux (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):
() h	eparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() h f	neparin (porcine) injection (Recommended or patients with high risk of bleeding, e.g. veight < 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.
k	ivaroxaban (XARELTO) tablet for hip or nee 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:
() v	varfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
(Pharmacy consult to manage warfarin COUMADIN)	STAT, Until discontinued, Starting S Indication:
	echanical Prophylaxis (Single Response) (Sel equired)	lection
· · ·	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s Postpartum
• •	Place/Maintain sequential compression levice continuous	Routine, Continuous, Postpartum
₋ow R Pharm contra Both p Age le	indicated. High Risk Definition pharmacologic AND mechanical prophylaxis n	chanical prophylaxis is optional unless pharmacologic is

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

	ow Risk (Single Response) (Selection Require Low risk of VTE	Routine, Once
()		Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation Postpartum
МО	DERATE Risk of DVT - Surgical (Selection Re	
	derate Risk Definition	
con One	traindicated. or more of the following medical conditions:	echanical prophylaxis is optional unless pharmacologic is
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		
-		
	tory of DVT or family history of VTE icipated length of stay GREATER than 48 hour	
	s than fully and independently ambulatory	3
	rogen therapy	
	derate or major surgery (not for cancer)	
	or surgery within 3 months of admission	
1 1	Aoderate Risk (Selection Required)	
-	Moderate risk of VTE	Routine, Once, Postpartum
	loderate Risk Pharmacological Prophylaxis - S	
	Patient (Single Response) (Selection Required)	
	Contraindications exist for pharmacologic prop	
	BUT order Sequential compression device	
[]	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	-
[]	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
	рюрнуюжо	contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	
$\overline{()}$	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
$\overline{()}$	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
		30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
()	CrCI GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
()		
()		mL/min
$\overline{()}$	patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
() ()		

	 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 CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 heparin (porcine) injection (Recommended 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, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
MODERATE Risk of DVT - Non-Surgical (Selectio	n
Required)	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. M contraindicated. One or more of the following medical conditions:	lechanical prophylaxis is optional unless pharmacologic is
CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour	rs
Less than fully and independently ambulatory Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	Routine Once Postpartum
[] Moderate Risk (Selection Required) [] [] Moderate risk of VTE	Routine, Once, Postpartum
[] Moderate Risk (Selection Required)	
 Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) Contraindications exist for pharmacologic prop Order Sequential compression device 	tion bhylaxis - "And" Linked Panel
 [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop 	tion
 [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous 	tion bhylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
 [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	tion bhylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous bhylaxis "And" Linked Panel
 [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic 	tion bhylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous bhylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
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 [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) 	tion bhylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous bhylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Poonse)
 [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis [] enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe 	tion bhylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous bhylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) 	tion bhylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous bhylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Poonse) 40 mg, subcutaneous, daily at 1700, Starting S

() patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Postpartum If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, Postpartum
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, Postpartum
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, Postpartum
	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Surgical (Selection Required)	
or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	iyeloproliferative disorders)
] High Risk (Selection Required)	
[] High risk of VTE] High Risk Pharmacological Prophylaxis - Surgio	Routine, Once, Postpartum
 High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) 	
() Contraindications exist for pharmacologic	Routine, Once
	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() Contraindications exist for pharmacologic prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 3 mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min 2.5 mg, subcutaneous, daily, Starting S+1, Postpartum
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Resp. (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min 2.5 mg, subcutaneous, daily, Starting S+1, Postpartum If the patient does not have a history or suspected case of
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Resp. (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 3 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 3 mL/min 2.5 mg, subcutaneous, daily, Starting S+1, Postpartum If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 3 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 3 mL/min 2.5 mg, subcutaneous, daily, Starting S+1, Postpartum 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
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 3 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 3 mL/min 2.5 mg, subcutaneous, daily, Starting S+1, Postpartum 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
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Resp. (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min 2.5 mg, subcutaneous, daily, Starting S+1, Postpartum 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):
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Resp. (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min 2.5 mg, subcutaneous, daily, Starting S+1, Postpartum 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Postpartut 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM,
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Resp. (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min 2.5 mg, subcutaneous, daily, Starting S+1, Postpartum 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Postpartut 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, Postpartum
 () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Resp. (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min 2.5 mg, subcutaneous, daily, Starting S+1, Postpartum 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Postpartut 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM,

() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, Postpartum Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
 [] Mechanical Prophylaxis (Single Response) (Se Required) 	election
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) Postpartum
 Place/Maintain sequential compression device continuous 	Routine, Continuous, Postpartum
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once, Postpartum
[] High Risk Pharmacological Prophylaxis - Non-	
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 (Selection Required)	Postpartum
(Selection Required)	Postpartum
	Postpartum ponse)
(Selection Required) () enoxaparin (LOVENOX) syringe	Postpartum ponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S
 (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND 	Postpartum sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S
 (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND 	Postpartum sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 31 mL/min 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of
 (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 	Postpartum sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 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 medicatio 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
 (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended 	Postpartum sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 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 medicatio 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): 5,000 Units, subcutaneous, every 8 hours, Postpartum 5,000 Units, subcutaneous, every 12 hours, Postpartum
 (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () fondaparinux (ARIXTRA) injection () heparin (porcine) injection 	Postpartum sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 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 medicatio 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): 5,000 Units, subcutaneous, every 8 hours, Postpartum 5,000 Units, subcutaneous, every 12 hours, Postpartum
 (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	Postpartum sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 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 medicatio 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): 5,000 Units, subcutaneous, every 8 hours, Postpartum 5,000 Units, subcutaneous, every 12 hours, Postpartum Recommended for patients with high risk of bleeding, e.g. weight LESS

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

ontraindications exist for mechanical ophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) Postpartum
ace/Maintain sequential compression vice continuous	Routine, Continuous, Postpartum
Risk of DVT - Surgical (Hip/Knee) (Selection ed)	
Risk Definition harmacologic AND mechanical prophylaxis r r more of the following medical conditions: bophilia (Factor V Leiden, prothrombin varian ein S deficiency; hyperhomocysteinemia; my e fracture of hip, pelvis or leg e spinal cord injury with paresis e major traumas hinal or pelvic surgery for CANCER ischemic stroke y of PE	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
n Risk (Selection Required)	
n Risk Pharmacological Prophylaxis - Hip or hroplasty) Surgical Patient (Single Response ection Required)	e)
ontraindications exist for pharmacologic ophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
ixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
pirin chewable tablet	162 mg, oral, daily, Starting S+1
pirin (ECOTRIN) enteric coated tablet oxaparin (LOVENOX) injection (Single Resp election Required)	162 mg, oral, daily, Starting S+1 onse)
noxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
noxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
noxaparin (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.
noxaparin (LOVENOX) syringe - For atients weight between 100-139 kg and CrCI 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.
noxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCI GREATER than 30 hL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min
ndaparinux (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 medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
parin (porcine) injection parin (porcine) injection (Recommended patients with high risk of bleeding, e.g. eight < 50kg and age > 75yrs) aroxaban (XARELTO) tablet for hip or	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 Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1.
	ace/Maintain sequential compression vice continuous Risk of DVT - Surgical (Hip/Knee) (Selection ed) isk Definition harmacologic AND mechanical prophylaxis r more of the following medical conditions: bophilia (Factor V Leiden, prothrombin variate in S deficiency; hyperhomocysteinemia; my e fracture of hip, pelvis or leg spinal cord injury with paresis e major traumas hinal or pelvic surgery for CANCER ischemic stroke r of PE n Risk (Selection Required) gh risk of VTE n Risk Pharmacological Prophylaxis - Hip or moplasty) Surgical Patient (Single Response ection Required) ntraindications exist for pharmacologic ophylaxis ixaban (ELIQUIS) tablet pirin chewable tablet pirin (ECOTRIN) enteric coated tablet oxaparin (LOVENOX) injection (Single Resp election Required) noxaparin (LOVENOX) syringe noxaparin (LOVENOX) syringe - For atients with CrCL LESS than 30 mL/min noxaparin (LOVENOX) syringe - For atients weight between 100-139 kg and rCl GREATER than 30 mL/min noxaparin (LOVENOX) syringe - For atients weight between 140 kg or iREATER and CrCl GREATER than 30 nL/min indaparinux (ARIXTRA) injection

() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Required)	Selection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Postpartum
() Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum

Labs

Hematology

[] CBC with platelet and differential	AM draw For 1 Occurrences, Postpartum
[] Hemoglobin	AM draw For 1 Occurrences, Postpartum
[] Hematocrit	AM draw For 1 Occurrences, Postpartum

Chemistry

[] Creatinine

AM draw, Starting S+1 For 1 Occurrences, Postpartum

Hypertensive Lab Panel

[] Pre-Eclamptic Lab Panel	
[] CBC with differential	Once, Postpartum
[] Comprehensive metabolic panel	Once, Postpartum
[] Prothrombin time with INR	Once, Postpartum
[] Partial thromboplastin time	Once, Postpartum
[] Fibrinogen	Once, Postpartum
[] Uric acid	Once, Postpartum
[] LDH	Once, Postpartum
[] Urine Protein and Creatinine	
[] Creatinine level, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
[] Protein, urine, random	Once For 1 Occurrences, L&D Pre-Delivery

Consults

For Physician Consult orders use sidebar

Ancillary Consults

[] Consult to Case Management	Consult Reason: Postpartum
[X] Consult to Lactation Consultant	Reason for Lactation Consult: Postpartum, If needed
[] Consult to 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: L&D Post-Delivery
[] Consult to Social Work	Reason for Consult: Postpartum
[] Consult to Spiritual Care	Reason for consult? Postpartum