

Enhanced Recovery After Surgery (ERAS) Orders

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ERAS Diet and Nutrition-Encourage early oral intake and advance diet as tolerated

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- | | |
|---|--|
| <input type="checkbox"/> Clear liquid now-Advance to regular 2 hours postop | Diet effective now, Starting S
Diet(s): Regular
Other Options:
Advance Diet as Tolerated? Yes
Target Diet: Regular
Advance target diet criteria: Advance to regular diet 2 hours postop
Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Clear liquids first 2 hours post op then regular diet., PACU & Post-op |
| <input type="checkbox"/> Chew gum 4 times a day 4 hours after procedure or once on regular diet | Routine, Once, Starting S For 1 Occurrences, PACU & Post-op |

ERAS Activity-Encourage early mobilization and ambulation

- | | |
|---|--|
| <input type="checkbox"/> Assess ability to bear weight in 4 hours postop; May start ambulation once able to bear weight | Routine, Until discontinued, Starting S For Until specified, Post-op |
|---|--|

ERAS Urinary catheter-Recommend early removal of urinary catheter between 2 to 12 hours postop

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- | | |
|---|---|
| <input type="checkbox"/> Foley catheter - discontinue (Do not remove if patient is on magnesium sulfate, had postpartum hemorrhage or bladder injury) | Routine, Once, Starting S
Discontinue foley in *** hours., Post-op |
|---|---|

ERAS Pain Medications

- | | |
|--|--|
| <input type="checkbox"/> Scheduled
Select one scheduled NSAID and one scheduled Tylenol order | |
| <input type="checkbox"/> ibuprofen (MOTRIN) tablet (Single Response) (Selection Required) | |
| () ibuprofen (ADVIL) tablet 800 mg | 800 mg, oral, every 8 hours scheduled, Starting H+24 Hours Start 6 hours after last Toradol dose administered, begin after anesthesia care ends. |
| () ibuprofen (ADVIL) tablet 600 mg | 600 mg, oral, every 6 hours scheduled, Starting H+24 Hours Start 6 hours after last Toradol dose administered, begin after anesthesia care ends. |
| <input type="checkbox"/> acetaminophen (TYLENOL) tablet (Single Response) (Selection Required) | |
| () acetaminophen (TYLENOL) tablet 1000 mg | 1,000 mg, oral, every 8 hours scheduled, Starting H+24 Hours Start 8 hours after last Tylenol dose, begin after anesthesia care ends. |

acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, every 6 hours scheduled, Starting H+24 Hours
Start 8 hours after last Tylenol dose, begin after anesthesia care ends.

PRN ONLY for Moderate to Severe Pain (Single Response)

oxyCODONE (ROXICODONE) IR 5 mg and 10 mg

oxyCODone (ROXICODONE) IR tablet 5 mg 5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), Starting H+24 Hours

oxyCODone (ROXICODONE) IR tablet 10 mg 10 mg, oral, every 4 hours PRN, severe pain (score 7-10), Starting H+24 Hours

oxyCODONE (ROXICODONE) IR tablet 5 mg 5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), severe pain (score 7-10), Starting H+24 Hours
Start after Anesthesia care ends

ERAS Pain Medications - HMSL Only

Scheduled

Select one scheduled NSAID and one scheduled Tylenol order

ibuprofen (MOTRIN) tablet (Single Response) (Selection Required)

ibuprofen (ADVIL) tablet 800 mg 800 mg, oral, every 8 hours scheduled, Starting H+48 Hours
Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.

ibuprofen (ADVIL) tablet 600 mg 600 mg, oral, every 6 hours scheduled, Starting H+48 Hours
Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.

acetaminophen (TYLENOL) tablet (Single Response) (Selection Required)

acetaminophen (TYLENOL) tablet 1000 mg 1,000 mg, oral, every 8 hours scheduled, Starting H+48 Hours
Start 8 hours after last Tylenol dose, begin after anesthesia care ends.

acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, every 6 hours scheduled, Starting H+48 Hours
Start 8 hours after last Tylenol dose, begin after anesthesia care ends.

PRN ONLY for Moderate to Severe Pain (Single Response)

oxyCODONE (ROXICODONE) IR 5 mg and 10 mg

oxyCODone (ROXICODONE) IR tablet 5 mg 5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), Starting H+48 Hours

oxyCODone (ROXICODONE) IR tablet 10 mg 10 mg, oral, every 4 hours PRN, severe pain (score 7-10), Starting H+48 Hours

oxyCODONE (ROXICODONE) IR tablet 5 mg 5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), severe pain (score 7-10), Starting H+48 Hours
Start after Anesthesia care ends

General

Admission Orders (Single Response) (Selection Required)

Do not use Outpatient Observation Services Under General Supervision order for patients who are receiving Outpatient TRIAGE services.

Admit to L&D

Admitting Physician:
Diagnosis: Pregnancy
Bed request comments:
PACU & Post-op

Code Status

Full Code

Code Status decision reached by:
Post-op

DNR (Do Not Resuscitate) (Selection Required)

DNR (Do Not Resuscitate) Does patient have decision-making capacity?
Post-op

<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

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

Nursing

Vital signs

<input checked="" type="checkbox"/> OB Vital Signs-P/R/BP	<p>Routine, Every 15 min Nurse to reschedule vitals:"</p> <p>-Every 15 minutes for 8 times (First 2 hours)</p> <p>-Every 1 hour for 10 times (Next 10 hours)</p> <p>-Every 2 hours for 6 times (Next 12 hours)</p> <p>-Followed by floor protocol (Subsequent hours), PACU & Post-op</p>
<input checked="" type="checkbox"/> Check temperature	<p>Routine, Conditional Frequency Nurse to reschedule vitals:</p> <p>-Every 15 minutes if hypothermic: <96.8°F or < 36°C until normothermia is achieved (First 2 hours)</p> <p>OR</p> <p>-Every 1 hour for 2 times if normothermic: 96.9°F - 100.3°F or 36°C - 37.9°C (First 2 hours)</p> <p>-Every 4 hours for 2 times (Next 8 hour)</p> <p>-Every 8 hours (Subsequent hours)</p> <p>(Assess more frequently when febrile: greater than or equal to 100.4°F or greater than or equal to 38°C), PACU & Post-op</p>
<input type="checkbox"/> Intake and output	Routine, Every shift, PACU & Post-op

Activity

<input checked="" type="checkbox"/> Ambulate with assistance	<p>Routine, Until discontinued, Starting S Specify: with assistance Provide assistance as needed, Post-op</p>
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Nursing care

<input type="checkbox"/> Saline lock IV	Routine, Continuous, Post-op
<input type="checkbox"/> Breast pump to bed	Routine, Once, Post-op
<input type="checkbox"/> Abdominal binder	<p>Routine, Once Waking hours only? Nurse to schedule? Special Instructions: Post-op</p>
<input checked="" type="checkbox"/> Encourage deep breathing and coughing	<p>Routine, Every 2 hours Until ambulatory, Post-op</p>
<input checked="" type="checkbox"/> Incentive spirometry	<p>Routine, Every 2 hours Place at bedside. Encourage patient to use., Post-op</p>
<input type="checkbox"/> K-pad to bedside	Routine, Until discontinued, Starting S, Post-op
<input checked="" type="checkbox"/> Foley catheter - discontinue	<p>Routine, Once When patient is able to ambulate, Post-op</p>

<input checked="" type="checkbox"/> Bladder scan	Routine, As needed Bladder scan if patient has not voided in 6 hours post foley removal. If urine present, assist patient to void, preferably in upright position, on bedpan. Notify physician if patient unable to void., Post-op
<input checked="" type="checkbox"/> Assist patient to void on bedpan post epidural removal if unable to void and is fall risk	Routine, As needed If patient unable to void, scan bladder and assist to void on bedpan, preferably in upright position. If patient is still unable to void notify physician. See orders for straight cath and inserting foley., Post-op
<input checked="" type="checkbox"/> Straight cath	Routine, Conditional Frequency For 1 Occurrences Post bladder scan & bedpan: If regional block and unable to void, may straight cath x 1 then insert foley to Bed Side Drainage (record amount obtained from straight cath)., Post-op
<input checked="" type="checkbox"/> Insert and maintain Foley	
<input checked="" type="checkbox"/> Insert Foley catheter	Routine, Once For 1 Occurrences Type: Size: Urinometer needed: If regional block and unable to void post straight cath x 1, then insert foley to Bed Side Drainage (record amount obtained from straight cath)., Post-op
<input checked="" type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain Post-op
<input checked="" type="checkbox"/> Uterine fundal massage	Routine, Every 4 hours For Until specified Uterine Fundal Massage postpartum for 24 hour and PRN, PACU & Post-op

Nursing POD 2

<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S+2 Specify: Activity as tolerated Post-op
<input type="checkbox"/> Remove abdominal dressing 48 hours PostOP	Routine, Until discontinued, Starting S+2, Post-op
<input type="checkbox"/> Saline lock IV	Routine, Continuous, Post-op
<input type="checkbox"/> Discontinue IV	Routine, Once, Starting S+2 After epidural is removed., Post-op
<input type="checkbox"/> Call for discharge order when:	Routine, Until discontinued, Starting S+2 at 12:00 PM Patient is afebrile x 24 hours, voiding adequately, oral intake satisfactory, pain managed with oral medication, patient has discharge prescriptions (if indicated), patient able to verbalize discharge instructions, Post-op

Nursing POD 3

<input checked="" type="checkbox"/> Call for discharge order when:	Routine, Until discontinued, Starting S+3 Patient is afebrile x 24 hours, voiding adequately, oral intake satisfactory, pain managed with oral medication, patient has discharge prescriptions (if indicated), patient able to verbalize discharge instructions
<input type="checkbox"/> Remove staples	Routine, Once, Starting S+3 Notify MD for removal of staples: apply benzoin tincture and steri-strips., Post-op

Notify

<input checked="" type="checkbox"/> Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: 96.8 Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: 110 Diastolic BP less than: 50 MAP less than: Heart rate greater than (BPM): 120 Heart rate less than (BPM): 60 Respiratory rate greater than: 24 Respiratory rate less than: 12 SpO2 less than: 94
<input type="checkbox"/> Notify Physician for abnormal bleeding	Routine, Until discontinued, Starting S, PACU & Post-op
<input type="checkbox"/> Notify Lactation Consult to see patient	Routine, Until discontinued, Starting S, Post-op

Diet

<input type="checkbox"/> NPO except ice chips	Diet effective now, Starting S NPO: Except Ice chips Pre-Operative fasting options: Post-op
<input type="checkbox"/> Diet - Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Other Options: 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): Regular Other Options: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
<input checked="" type="checkbox"/> Diet - Advance to Regular	Diet effective now, Starting S Diet(s): Advance Diet as Tolerated? Yes Target Diet: Regular Advance target diet criteria: Liquid Consistency: Fluid Restriction: Foods to Avoid: Advance diet as tolerated 12 hours PostOP, Post-op

IV Fluids

IV Fluids

<input checked="" type="checkbox"/> lactated Ringer's infusion	125 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> dextrose 5 % and lactated Ringer's infusion	125 mL/hr, intravenous, continuous, Post-op

Medications

Vaccines - If NOT given during pregnancy - NOT HMSJ

<input checked="" type="checkbox"/> measles-mumps-rubella Vaccine	subcutaneous, once PRN, immunization, Post-op Patient Consent if Rubella Non-Immune. If NOT given during pregnancy
<input checked="" type="checkbox"/> diphtheria-pertussis-tetanus (ADACEL) Vaccine	0.5 mL, intramuscular, once PRN, immunization, Post-op Upon patient consent and prior to discharge. If NOT given during pregnancy

Gastrointestinal Care

<input checked="" type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily, Post-op
<input type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly, Post-op
<input checked="" type="checkbox"/> simethicone (MYLICON) chewable tablet	160 mg, oral, 4 times daily PRN, flatulence, gas pain, Post-op
<input type="checkbox"/> alum-mag hydroxide-simeth (MAALOX) 200-200-20 mg/5 mL suspension	30 mL, oral, every 3 hours PRN, indigestion, gas pain, Post-op
<input checked="" type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op

Fever Care

<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, For temperature greater than 100.4, Post-op
<input type="checkbox"/> aspirin tablet	325 mg, oral, every 4 hours PRN, For temperature greater than 100.4, Post-op

Breast Care

<input checked="" type="checkbox"/> lanolin cream	1 application, Topical, PRN, dry skin, discomfort, Post-op
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PostPartum Oxytocin

<input checked="" type="checkbox"/> oxytocin (PITOCIN) Bolus and Maintenance Infusion	"Followed by" Linked Panel
<input checked="" type="checkbox"/> oxytocin 30 unit/500 mL bolus from bag	10 Units, intravenous, for 30 Minutes, once, For 1 Doses, Post-op
<input checked="" type="checkbox"/> oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, once, Starting H+30 Minutes, For 1 Doses, Post-op 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 Postpartum (Single Response)

<input type="checkbox"/> oxytocin (PITOCIN) infusion and methylergonovine (METHERGINE)	"And" Linked Panel methylergonovine (METHERGINE) is contraindicated if BP GREATER than 140/90 mmHg
<input type="checkbox"/> oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, PostPartum Vaginal Bleeding, Post-op If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.
<input type="checkbox"/> methylergonovine (METHERGINE) injection - Contraindicated if BP GREATER than 140/90 mmHg	200 mcg, intramuscular, once PRN, as needed for vaginal bleeding not controlled by oxytocin, Post-op Use if inadequate response to oxytocin. Notify Physician if further treatment needed. Contraindicated if BP GREATER than 140/90 mmHg
<input type="checkbox"/> oxytocin (PITOCIN) infusion AND carboprost (HEMABATE) injection And diphenoxylate-atropine (LOMOTIL) oral dose	"And" Linked Panel
<input type="checkbox"/> oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, PostPartum Vaginal Bleeding, Post-op If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.
<input type="checkbox"/> carboprost (HEMABATE) injection	250 mcg, intramuscular, once PRN, for Vaginal Bleeding uncontrolled by oxytocin., Post-op
<input type="checkbox"/> diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet	1 tablet, oral, once PRN, diarrhea, Post-op
<input type="checkbox"/> oxytocin (PITOCIN) infusion and misoprostol (CYTOTEC)	"And" Linked Panel
<input type="checkbox"/> oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, Postpartum Bleeding, Post-op 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, Post-op Use if inadequate response to oxytocin. Notify Physician if further treatment needed.
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() tranexamic acid (CYCLOKAPRON) IVPB	1,000 mg, intravenous, for 10 Minutes, PRN, Post-op
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Mild Pain (Pain Score 1-3) - NOT HMSL (Single Response)

Start after PCA discontinued or 24 hours after Duramorph injection.

() acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Start after PCA discontinued or 24 hours after Duramorph injection.
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() HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status. Maximum of 3 grams of acetaminophen per day
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() HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Start after PCA discontinued or 24 hours after Duramorph injection.
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Mild Pain (Pain Score 1-3) - HMSL Only (Single Response)

Start after PCA discontinued or 24 hours after Duramorph injection.

() acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Start after PCA discontinued or 24 hours after Duramorph injection.
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() HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status. Maximum of 3 grams of acetaminophen per day
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Moderate Pain (Pain Score 4-6) - NOT HMSL, HMSJ (Single Response)

Start after PCA discontinued or 24 hours after Duramorph injection.

() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Use if patient cannot swallow tablet.
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() HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Use if patient cannot swallow tablet.
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() acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Use if patient cannot swallow tablet.
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() oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Use if patient cannot swallow tablet.
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() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Use if patient cannot swallow tablet.
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Moderate Pain (Pain Score 4-6) - HMSJ Only (Single Response)

Start after PCA discontinued or 24 hours after Duramorph injection.

() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Use if patient cannot swallow tablet.
() HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Use if patient cannot swallow tablet.
() acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Use if patient cannot swallow tablet.
() oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Use if patient cannot swallow tablet.
() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Use if patient cannot swallow tablet.

Moderate Pain (Pain Score 4-6) - HMSL Only (Single Response)

Start after PCA discontinued or 24 hours after Duramorph injection.

() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Use if patient cannot swallow tablet.
() acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Use if patient cannot swallow tablet.
() oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Use if patient cannot swallow tablet.
() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Use if patient cannot swallow tablet.

Severe Pain (Pain Score 7-10) - NOT HMSL (Single Response)

Start after PCA discontinued or 24 hours after Duramorph injection.

() HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status. Maximum of 3 grams of acetaminophen (total from all sources) per day in adults.
() HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op Start after PCA discontinued or 24 hours after Duramorph injection.
() oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status. Maximum of 3 grams of acetaminophen (total from all sources) per day in adults.

<input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, severe pain (score 7-10), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status
<input type="checkbox"/> morPHINE injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Start after PCA discontinued or 24 hours after Duramorph injection.

Severe Pain (Pain Score 7-10) - HMSL Only (Single Response)
 Start after PCA discontinued or 24 hours after Duramorph injection.

<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status. Maximum of 3 grams of acetaminophen (total from all sources) per day in adults.
<input type="checkbox"/> oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status. Maximum of 3 grams of acetaminophen (total from all sources) per day in adults.
<input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, severe pain (score 7-10), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status
<input type="checkbox"/> morPHINE injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Start after PCA discontinued or 24 hours after Duramorph injection.

Adjunct Pain Medication

<input type="checkbox"/> ketorolac (TORADOL) tablet - Not recommended in patients with eGFR LESS than 30 mL/min OR in acute kidney injury	10 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Use if patient cannot swallow tablet. Not recommended in patients with eGFR LESS than 30 mL/min OR in acute kidney injury
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ketorolac (TORADOL) IV (Single Response)
 Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age.
 WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

<input type="checkbox"/> For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/> For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)

<input checked="" type="checkbox"/> ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours PRN, Cramping, Laceration or Incision Pain, Post-op May be used in conjunction with acetaminophen with codeine (TYLENOL #3) tablets.
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Antiemetics - HHM, HMSJ, HMW, HMSTC, HMTW Only

<input checked="" type="checkbox"/> promethazine (PHENERGAN) OR ondansetron (ZOFTRAN) IV	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give ondansetron (ZOFTRAN) as first choice for Antiemetic
<input checked="" type="checkbox"/> promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective.

Antiemetics - HMSL, HMWB Only

<input checked="" type="checkbox"/> promethazine (PHENERGAN) OR ondansetron (ZOFTRAN) IV	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give as first choice for antiemetic.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective.

Antiemetics - HMSTJ Only

<input checked="" type="checkbox"/> promethazine (PHENERGAN) OR ondansetron (ZOFTRAN) IV	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Starting H+24 Hours, Post-op Give as first choice for Antiemetic.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, Starting H+24 Hours, Post-op Give if ondansetron (ZOFTRAN) is ineffective.

Insomnia: Zolpidem for Patients LESS than 70 years of age (Single Response)

<input checked="" type="checkbox"/> zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
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Itching

<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, every 4 hours PRN, itching, severe itching, Post-op Contact anesthesiologist if administering within 24 hours of receiving Duramorph
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 4 hours PRN, itching, severe itching, Post-op Contact anesthesiologist if administering within 24 hours of receiving Duramorph
<input type="checkbox"/> nalbuphine (NUBAIN) injection	2 mg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Post-op If itching not alleviated by Benadryl

Rh Negative Mother

Nursing

<input checked="" type="checkbox"/> 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.	Routine, Until discontinued, Starting S, Post-op
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Labs

<input checked="" type="checkbox"/> Fetal Screen	Conditional Frequency, Starting S For 1 Occurrences Conditional- One activation- If Rh Negative Mom and Rh Positive infant, Post-op
<input type="checkbox"/> Rhogam Type and Screen	Once, Post-op

Medication

<input checked="" type="checkbox"/> rho(D) immune globulin (HYPERRHO/RHOGAM) 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, Post-op
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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	"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"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> 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 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		
<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 - Non-Surgical Patient (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	"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"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/>	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:
<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 - 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	
<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 - 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

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
<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

Moderate Risk (Selection Required)

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

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

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

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

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

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

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

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

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

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 0600, Starting S+1

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

heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

<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	
<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 - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	"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"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> 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:
<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	
<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 - 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:
<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 - 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

Labs

Hematology

<input type="checkbox"/> Hemoglobin	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> Hematocrit	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/> CBC hemogram	AM draw, Starting S+1 For 1 Occurrences, Post-op
<input type="checkbox"/> CBC with differential	AM draw, Starting S+1 For 1 Occurrences, Post-op
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Conditional Frequency For 1 Occurrences Specimen Source: Urine Specimen Site: Clean catch, one activation for temperature greater than 101, Post-op

Hypertensive Lab Panel

<input type="checkbox"/> Pre-Eclamptic Lab Panel	
<input type="checkbox"/> CBC with differential	Once, Post-op
<input type="checkbox"/> Comprehensive 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"/> Fibrinogen	Once, Post-op
<input type="checkbox"/> Uric acid	Once, Post-op
<input type="checkbox"/> LDH	Once, Post-op
<input type="checkbox"/> Urine Protein and Creatinine	
<input type="checkbox"/> Creatinine level, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/> Protein, urine, random	Once For 1 Occurrences, L&D Pre-Delivery

Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input checked="" type="checkbox"/> Consult to Lactation Support	Reason for Lactation Consult: Post-op, If needed
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Post-op
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? Post-op