

Enhanced Recovery After Surgery (ERAS) Orders

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"https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S0002937819305721?returnurl=https:%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0002937819305721%3Fshowall%3Dtrue&referrer=""
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"https://anesthesiology.pubs.asahq.org/article.aspx?articleid=1924718"

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

URL: "\appt1for postoperative care in cesarean delivery.pdf"

[] 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
[] 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

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

URL: "\appt1urinary catheter removal for Enhanced.pdf"

[] 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
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ERAS Pain Medications

[] 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+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.
[] 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.

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

Activity

<input checked="" type="checkbox"/> Ambulate with assistance	Routine, Until discontinued, Starting S Specify: with assistance Provide assistance as needed, Post-op
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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	Routine, Once Waking hours only? Nurse to schedule? Special Instructions: Post-op
<input checked="" type="checkbox"/> Encourage deep breathing and coughing	Routine, Every 2 hours Until ambulatory, Post-op
<input checked="" type="checkbox"/> Incentive spirometry	Routine, Every 2 hours Place at bedside. Encourage patient to use., Post-op
<input type="checkbox"/> K-pad to bedside	Routine, Until discontinued, Starting S, Post-op
<input checked="" type="checkbox"/> Foley catheter - discontinue	Routine, Once When patient is able to ambulate, Post-op

[X] 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
[X] 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
[X] 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
[X] Insert and maintain Foley	
[X] 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
[X] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain Post-op
[X] 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

[] Activity as tolerated	Routine, Until discontinued, Starting S+2 Specify: Activity as tolerated Post-op
[] Remove abdominal dressing 48 hours PostOP	Routine, Until discontinued, Starting S+2, Post-op
[] Saline lock IV	Routine, Continuous, Post-op
[] Discontinue IV	Routine, Once, Starting S+2 After epidural is removed., Post-op
[] 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

[X] 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
[] Remove staples	Routine, Once, Starting S+3 Notify MD for removal of staples: apply benzoin tincture and steri-strips., Post-op

Notify

[X] 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
[] Notify Physician for abnormal bleeding	Routine, Until discontinued, Starting S, PACU & Post-op
[] Notify Lactation Consult to see patient	Routine, Until discontinued, Starting S, Post-op
Diet	
[] NPO except ice chips	Diet effective now, Starting S NPO: Except Ice chips Pre-Operative fasting options: Post-op
[] Diet - Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Other Options: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
[] 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
[X] 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

[X] lactated Ringer's infusion	125 mL/hr, intravenous, continuous, Post-op
[] dextrose 5 % and lactated Ringer's infusion	125 mL/hr, intravenous, continuous, Post-op

Medications

Vaccines - If NOT given during pregnancy - NOT HHSJ

[X] measles-mumps-rubella Vaccine	subcutaneous, once PRN, immunization, Post-op Patient Consent if Rubella Non-Immune. If NOT given during pregnancy
[X] 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

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

Fever Care

[X] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, For temperature greater than 100.4, Post-op
[] aspirin tablet	325 mg, oral, every 4 hours PRN, For temperature greater than 100.4, Post-op

Breast Care

[X] lanolin cream	1 application, Topical, PRN, dry skin, discomfort, Post-op
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PostPartum Oxytocin

[X] oxytocin (PITOCIN) Bolus and Maintenance Infusion	"Followed by" Linked Panel
[X] oxytocin 30 unit/500 mL bolus from bag	10 Units, intravenous, for 30 Minutes, once, For 1 Doses, Post-op
[X] 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)

() oxytocin (PITOCIN) infusion and methylergonovine (METHERGINE)	"And" Linked Panel methylergonovine (METHERGINE) is contraindicated if BP GREATER than 140/90 mmHg
[] 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.
[] 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
() oxytocin (PITOCIN) infusion AND carboprost (HEMABATE) injection And diphenoxylate-atropine (LOMOTIL) oral dose	"And" Linked Panel
[] 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.
[] carboprost (HEMABATE) injection	250 mcg, intramuscular, once PRN, for Vaginal Bleeding uncontrolled by oxytocin., Post-op
[] diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet	1 tablet, oral, once PRN, diarrhea, Post-op
() oxytocin (PITOCIN) infusion and misoprostol (CYTOTEC)	"And" Linked Panel
[] 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.
() tranexamic acid (CYCLOKAPRON) IVPB	1,000 mg, intravenous, for 10 Minutes, PRN, Post-op
Mild Pain (Pain Score 1-3) - NOT HML (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.
() 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
() 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.
Mild Pain (Pain Score 1-3) - HML 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.
() 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
Moderate Pain (Pain Score 4-6) - NOT HML, HMLJ (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 tablets, 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 tablets, 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) - HMLJ 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 (PERCOSET) 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 (PERCOSET) 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 (PERCOSET) 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.

() 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
() 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.

() 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.
() 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.
() 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
() 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

[] 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
[] 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.

() 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)
() 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)
[X] 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.

Antiemetics - HMH, HMSJ, HMW, HMSTC, HMTW Only

[X] promethazine (PHENERGAN) OR ondansetron (ZOFTRAN) IV	"Or" Linked Panel
[X] ondansetron (ZOFTRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give ondansetron (ZOFTRAN) as first choice for Antiemetic
[X] promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective.

Antiemetics - HMLSL, HMWB Only

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

Antiemetics - HMSTJ Only

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

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

(X) zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
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Itching

[X] 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
[] 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
[] 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

[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.	Routine, Until discontinued, Starting S, Post-op
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Labs

[X] Fetal Screen	Conditional Frequency, Starting S For 1 Occurrences Conditional- One activation- If Rh Negative Mom and Rh Positive infant, Post-op
[] Rhogam Type and Screen	Once, Post-op

Medication

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

VTE

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

URL: "lappt1.pdf"

() Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Routine, Once
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:
PACU & Post-op

() LOW Risk of DVT (Selection Required)

Low Risk Definition

Age less than 60 years and NO other VTE risk factors

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

() Low risk of VTE

Routine, Once

Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
PACU & Post-op

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)

[] Moderate risk of VTE

Routine, Once, PACU & Post-op

[] Moderate Risk Pharmacological Prophylaxis - Surgical

Patient (Single Response) (Selection Required)

() Contraindications exist for pharmacologic prophylaxis
BUT order Sequential compression device

"And" Linked Panel

[] Contraindications exist for pharmacologic prophylaxis

Routine, Once

No pharmacologic VTE prophylaxis due to the following contraindication(s):
PACU & Post-op

[] Place/Maintain sequential compression device continuous

Routine, Continuous, PACU & Post-op

() Contraindications exist for pharmacologic prophylaxis
AND mechanical prophylaxis

"And" Linked Panel

[] Contraindications exist for pharmacologic prophylaxis

Routine, Once

No pharmacologic VTE prophylaxis due to the following contraindication(s):
PACU & Post-op

[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, 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.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() MODERATE Risk of DVT - Non-Surgical (Selection Required)	
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.	
One or more of the following medical conditions:	
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome	
Age 60 and above	
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hours	
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

<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)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	

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

Mechanical Prophylaxis (Single Response) (Selection Required)

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

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

() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
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() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

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

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

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

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)

[] High risk of VTE

Routine, Once, PACU & Post-op

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

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

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

() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, 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 CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

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

DVT Risk and Prophylaxis Tool (Single Response)

URL: "\appt1.pdf"

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

Low Risk Definition

Age less than 60 years and NO other VTE risk factors

Low Risk (Single Response) (Selection Required)

() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation PACU & Post-op
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() MODERATE Risk of DVT - Surgical (Selection Required)

() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() MODERATE Risk of DVT - Non-Surgical (Selection Required)	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.	
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome	
Age 60 and above	
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hours	
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	"And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	"And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() patients with CrCl LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCl LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

<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)	
() 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 Response) (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, 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 CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	

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

Labs

Hematology

[] Hemoglobin	AM draw For 1 Occurrences, Post-op
[] Hematocrit	AM draw For 1 Occurrences, Post-op
[] CBC hemogram	AM draw, Starting S+1 For 1 Occurrences, Post-op
[] CBC with differential	AM draw, Starting S+1 For 1 Occurrences, Post-op
[] 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

[] Pre-Eclamptic Lab Panel	
[] CBC with differential	Once, Post-op
[] Comprehensive metabolic panel	Once, Post-op
[] Prothrombin time with INR	Once, Post-op
[] Partial thromboplastin time	Once, Post-op
[] Fibrinogen	Once, Post-op
[] Uric acid	Once, Post-op
[] LDH	Once, Post-op
[] 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

[X] Consult to Lactation Support	Reason for Lactation Consult: Post-op, If needed
[] Consult to Social Work	Reason for Consult: Post-op
[] Consult to Spiritual Care	Reason for consult? Post-op