

General

Common Present on Admission Diagnosis

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

Elective Outpatient, Observation, or Admission (Single Response)

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

Admission or Observation (Single Response)

Patient has active outpatient status order on file

() Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
() Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
() Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments: PACU & Post-op
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

Admission (Single Response)

Patient has active status order on file

() Admit to inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

Code Status

[] Full code	Code Status decision reached by: Post-op
[] DNR (Do Not Resuscitate) (Selection Required)	Does patient have decision-making capacity? Post-op
[] DNR (Do Not Resuscitate)	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[] Consult to Palliative Care Service	Reason for Consult: Post-op
[] Consult to Social Work	Reason for Consult: Post-op
[] Modified Code	Does patient have decision-making capacity? Modified Code restrictions: Post-op

Treatment Restrictions

Treatment Restriction decision reached by:
Specify Treatment Restrictions:
Post-op

Isolation

Airborne isolation status

Airborne isolation status

Details

Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.

Once, Sputum, Post-op

Contact isolation status

Details

Droplet isolation status

Details

Enteric isolation status

Details

Precautions

Aspiration precautions

PACU & Post-op

Fall precautions

Increased observation level needed:
PACU & Post-op

Latex precautions

PACU & Post-op

Seizure precautions

Increased observation level needed:
PACU & Post-op

Spinal precautions

PACU & Post-op

Nursing

Vital Signs (Single Response)

Vital signs - T/P/R/BP

Routine, Per unit protocol
With Neuro exam, PACU & Post-op

Activity (Selection Required)

Strict bed rest

Routine, Until discontinued, Starting S, PACU & Post-op

Strict bed rest with legs straight for four hours

Routine, Until discontinued, Starting S For 4 Hours, PACU & Post-op

Strict bed rest with legs straight for 6 hours

Routine, Until discontinued, Starting S For 6 Hours, PACU & Post-op

Bed rest with bathroom privileges

Routine, Until discontinued, Starting S
Bathroom Privileges: with bathroom privileges
PACU & Post-op

Activity as tolerated

Routine, Until discontinued, Starting S
Specify: Activity as tolerated
PACU & Post-op

Head of bed 30 degrees

Routine, Until discontinued, Starting S
Head of bed: 30 degrees
PACU & Post-op

Head of bed flat

Routine, Until discontinued, Starting S
Head of bed: flat
PACU & Post-op

Nursing

Neurological assessment

Routine, Every hour
Assessment to Perform:
While in ICU and then every 4 hours, PACU & Post-op

Assess cath site

Routine, Every 15 min
Lower extremities. Every hour for 4 hours then every four hours for 24 hours and then every six hours until discontinued., PACU & Post-op

[X] Pulse checks - assess bilateral pedal pulses	Routine, Every 15 min Pulses to assess: Pedal, Distal Side: Bilateral Every 15 minutes times 4, then every 30 minutes times 4, then every 60 minutes times 4, then every 4 hours times 4, then every 12 hours times 2 then stop., PACU & Post-op
[X] Apply ice pack	Routine, Conditional Frequency Affected area: To puncture site as needed for pain or swelling., PACU & Post-op
[] Encourage fluids	Routine, Until discontinued, Starting S, PACU & Post-op
[] Surgical/incision site care	Routine, Once Location: Site: Apply: Dressing Type: Open to air? PACU & Post-op
[X] Reinforce dressing	Routine, As needed Reinforce with: If saturated. Call physician., PACU & Post-op
[X] Bedside Glucose and Notify (Selection Required)	"And" Linked Panel
[X] Bedside glucose	Routine, Once For 1 Occurrences In recovery, PACU & Post-op
[X] Notify Physician of bedside blood glucose GREATER than 300 mg/dL or LESS than 70 mg/dL	Routine, Until discontinued, Starting S, PACU & Post-op
[] No anticoagulants INcluding UNfractionated heparin	Routine, Until discontinued, Starting S Reason for "No" order: PACU & Post-op
[] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order: PACU & Post-op

Notify

[X] Notify Physician if acute change in neurological status	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician bleeding at site	Routine, Until discontinued, Starting S, PACU & Post-op
[] Notify Physician of lost of distal pulses	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician of No Bowel Movement for more than 72 hours	Routine, Until discontinued, Starting S, PACU & Post-op

IV Fluids

IV Fluids (Single Response)

() lactated Ringer's infusion	intravenous, continuous, Post-op
() sodium chloride 0.9 % infusion	intravenous, continuous, Post-op
() sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Post-op
() dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients	intravenous, continuous, Post-op

IV Fluids - femoral sheath (Single Response)

() sodium chloride 0.9 % infusion - femoral sheath	15 mL/hr, intravenous, continuous, Post-op Via femoral sheath
---	--

Medications

Anticoagulants

[] Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses	Routine, Until discontinued, Starting S Heparin Indication: Specify: Monitoring:
[] aspirin (ECOTRIN) enteric coated tablet	325 mg, oral, daily, Post-op
[] clopidogrel (PLAVIX) tablet (loading)	300 mg, oral, once, For 1 Doses, Post-op
[] clopidogrel (PLAVIX) tablet	75 mg, oral, daily, Post-op
[] ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily, Post-op

Steroids (Single Response)

() dexamethasone (DECADRON) IV	4 mg, intravenous, every 6 hours scheduled, Post-op
() methylPREDNISolone (MEDROL PAK) dose pack (start in AM)	

THIS A PANEL. DO NOT EDIT.

[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, before breakfast - one time, Starting S, For 1 Doses, Post-op All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, after lunch - one time, For 1 Doses, Post-op All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, after dinner - one time, For 1 Doses, Post-op All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, For 1 Doses, Post-op All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, 3 times daily around food, Starting S+1, For 3 Doses, Post-op
[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, Starting S+1, For 1 Doses, Post-op
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, 4 times daily tapering, Starting S+2, Post-op

Medications

[] pantoprazole (PROTONIX) IV or ORAL	"Or" Linked Panel
[] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily at 0600, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

Seizure Management

[] levETIRAcetam (KEPPRA) in sodium chloride 0.9 % 100 mL IVPB (Loading Dose)	1,000 mg, intravenous, once, For 1 Doses, Post-op
[] levETIRAcetam (KEPPRA) tablet (following loading dose)	500 mg, oral, every 12 hours scheduled, Starting H+12 Hours, Post-op (May switch to IV if patient is unable to tolerate tablets)
[] fosphenytoin (CEREBYX) IVPB (Loading Dose)	intravenous, for 30 Minutes, once, For 1 Doses, Post-op
[] phenytoin (DILANTIN) ER capsule (following loading dose)	100 mg, oral, every 8 hours scheduled, Starting H+8 Hours, Post-op (May switch to IV if unable to tolerate capsules.)

Proposed NEW Seizure Management (Single Response)

() levETIRAcetam (KEPPRA) IVPB followed by levETIRAcetam (KEPPRA) oral tablet	"Followed by" Linked Panel
[] levETIRAcetam (KEPPRA) IV Loading Dose	1,000 mg, intravenous, once, For 1 Doses, Post-op
[] levETIRAcetam (KEPPRA) tablet Maintenance Dose	500 mg, oral, every 12 hours, Starting H+12 Hours, Post-op
() levETIRAcetam (KEPPRA) IVPB followed by levETIRAcetam (KEPPRA) IVPB	"Followed by" Linked Panel
[] levETIRAcetam (KEPPRA) IV Loading Dose	1,000 mg, intravenous, once, For 1 Doses, Post-op

<input type="checkbox"/> levETIRAcetam (KEPPRA) IV Maintenance Dose	500 mg, intravenous, every 12 hours, Starting H+12 Hours, Post-op
() fosphenytoin (CEREBYX) IV followed by phenytoin (DILANTIN) ER oral capsule	
<input type="checkbox"/> fosphenytoin (CEREBYX) IVPB Loading Dose followed by phenytoin (DILANTIN) ER oral capsule	"Followed by" Linked Panel
<input type="checkbox"/> fosphenytoin (CEREBYX) IVPB loading dose	intravenous, for 30 Minutes, once, For 1 Doses, Post-op
<input type="checkbox"/> phenytoin (DILANTIN) ER capsule	100 mg, oral, every 8 hours, Starting H+8 Hours, Post-op
<input type="checkbox"/> Phenytoin level	AM draw repeats, Post-op
<input type="checkbox"/> Free phenytoin level	AM draw repeats, Post-op

() fosphenytoin (CEREBYX) IV followed by fosphenytoin (CEREBYX) IV (Single Response)

Select Load/Maintenance by Routes of Administration:

? IVPB / IV Push

? IVPB / IVPB

Note: The IV Push Maintenance selection has the option to change route to intraMUSCULAR

() IVPB Loading Dose Followed by IV Push Maintenance Dose (Single Response)

() Loading Dose Once Followed by Every 8 Hour Maintenance

<input type="checkbox"/> Loading Dose Once Followed by Every 8 Hour Maintenance	"Followed by" Linked Panel
---	-----------------------------------

<input type="checkbox"/> fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses, Post-op
---	---

<input type="checkbox"/> fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 8 hours, Starting H+8 Hours, Post-op
--	---

<input type="checkbox"/> Phenytoin level	AM draw repeats, Post-op
--	--------------------------

<input type="checkbox"/> Free phenytoin level	AM draw repeats, Post-op
---	--------------------------

() Loading Dose Once Followed by Every 12 Hour Maintenance

<input type="checkbox"/> Loading Dose Once Followed by Every 12 Hour Maintenance	"Followed by" Linked Panel
--	-----------------------------------

<input type="checkbox"/> fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses, Post-op
---	---

<input type="checkbox"/> fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 12 hours, Starting H+12 Hours, Post-op
--	---

<input type="checkbox"/> Phenytoin level	AM draw repeats, Post-op
--	--------------------------

<input type="checkbox"/> Free phenytoin level	AM draw repeats, Post-op
---	--------------------------

() Loading Dose Once Followed by Every 24 Hour Maintenance

<input type="checkbox"/> Loading Dose Once Followed by Every 24 hours Maintenance	"Followed by" Linked Panel
---	-----------------------------------

<input type="checkbox"/> fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses, Post-op
---	---

<input type="checkbox"/> fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 24 hours, Starting H+24 Hours, Post-op
--	---

<input type="checkbox"/> Phenytoin level	AM draw repeats, Post-op
--	--------------------------

<input type="checkbox"/> Free phenytoin level	AM draw repeats, Post-op
---	--------------------------

() fosphenytoin (CEREBRYX) IVPB level, loading, and maintenance dose

<input type="checkbox"/> Phenytoin level	AM draw repeats For 3 Occurrences, Post-op
--	--

<input type="checkbox"/> Free phenytoin level	AM draw repeats For 3 Occurrences, Post-op
---	--

<input type="checkbox"/> fosphenytoin (CEREBRYX) IV loading and maintenance dose	"Followed by" Linked Panel
--	-----------------------------------

<input type="checkbox"/> fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses, Post-op
<input type="checkbox"/> fosphenytoin (CEREBYX) IVPB Maintenance Dose	intravenous, Post-op

Medications - Bowel Management

<input type="checkbox"/> polyethylene glycol (MIRALAX) packet	17 g, oral, 2 times daily, Post-op
<input type="checkbox"/> Stool Softener Options (Single Response)	
<input 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

PRN Medications - Bowel Management (Single Response)

<input type="checkbox"/> magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation, Post-op
<input type="checkbox"/> bisacodyl (DULCOLAX) EC tablet	5 mg, oral, daily PRN, constipation, Post-op
<input type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op
<input type="checkbox"/> magnesium citrate solution	150 mL, oral, daily PRN, constipation, For 2 Doses, Post-op

PRN Medications - Bowel Management

<input type="checkbox"/> saline,mineral oil,glycerin (S.M.O.G.) enema	180 mL, rectal, once, Post-op
---	-------------------------------

Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old	1 patch, transdermal, for 72 Hours, every 72 hours, Post-op

PRN Medications - Symptom Management

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op
---	---

PRN Medications - Itching - Neurosurgery medications (Single Response)

Avoid diphenhydramine use in patients over 70 years old when possible.

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
<input type="checkbox"/> diphenhydramine (BENADRYL) injection	12.5 mg, intravenous, every 12 hours PRN, itching, Post-op

PRN Medications - Pain - Pain Score (1-3) (Single Response)

<input type="checkbox"/> traMADol (ULTRAM) tablet	25 mg, oral, every 4 hours PRN, mild pain (score 1-3), Post-op Maximum Daily Dose: 200 mg/day
---	--

PRN Medications - Pain - Pain Score (4-6) (Single Response)

<input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Do not exceed 3000 mg of acetaminophen daily from all sources.
<input type="checkbox"/> traMADol (ULTRAM) tablet	50 mg, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Maximum Daily Dose: 200 mg/day

PRN Medications - Pain - Pain Score (7-10) (Single Response)

<input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Do not exceed 3000 mg of acetaminophen daily from all sources.
--	--

Breakthrough Pain (Single Response)

() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, other, pain (score: 4-10) - inadequate pain relief following administration of oral agents, Post-op Administer after pain re-assessment for inadequate pain relief.
() morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, other, pain (score: 4-10) - inadequate pain relief following administration of oral agents, Post-op Administer after pain re-assessment for inadequate pain relief.
() HYDROmorphine (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, other, pain (score: 4-10) - inadequate pain relief following administration of oral agents, Post-op Administer after pain re-assessment for inadequate pain relief.

VTE

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

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
() 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

<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 0600, Starting S+1, Post-op
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, Post-op 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, Post-op 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, Post-op 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

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, Post-op
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S, Post-op 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, Post-op 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, Post-op 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)

<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, Post-op
() patients with CrCl LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, Post-op 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, Post-op 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, Post-op 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:
<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

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, Post-op
() patients with CrCl LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S, Post-op 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, Post-op 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, Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, 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, 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, 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, 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 - 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):

Post-op

() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1, Post-op Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, Post-op
() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, Post-op
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, Post-op
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, Post-op 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, Post-op 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, Post-op 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, 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, 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, Post-op 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, Post-op To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, 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

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
() 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 **"And" Linked Panel**
BUT order Sequential compression device

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

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

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

[] 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, Post-op

() patients with CrCl LESS than 30 mL/min 30 mg, subcutaneous, daily at 0600, Starting S+1, Post-op
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, Post-op
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, Post-op
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

() 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, Post-op
() patients with CrCl LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S, Post-op 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, Post-op 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, Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, 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, 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, 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, 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 - Surgical (Hip/Knee) (Selection Required)	<p>High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed.</p> <p>One or more of the following medical conditions:</p> <p>Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)</p> <p>Severe fracture of hip, pelvis or leg</p> <p>Acute spinal cord injury with paresis</p> <p>Multiple major traumas</p> <p>Abdominal or pelvic surgery for CANCER</p> <p>Acute ischemic stroke</p> <p>History of PE</p>

<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): Post-op
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1, Post-op Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, Post-op
() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, Post-op
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, Post-op
() enoxaparin (LOVENOX) syringe - For Patients with CrCl LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, Post-op 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, Post-op 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, Post-op 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, 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, 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, Post-op 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, Post-op To be Given on Post Op Day 1. Indications:

() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, 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

Labs

Labs

[] Basic metabolic panel	AM draw For 1 Occurrences, PACU & Post-op
[] CBC with platelet and differential	AM draw For 1 Occurrences, PACU & Post-op
[] Partial thromboplastin time	AM draw For 1 Occurrences, PACU & Post-op
[] Prothrombin time with INR	AM draw For 1 Occurrences, PACU & Post-op
[] Platelet function P2Y12	AM draw For 1 Occurrences, PACU & Post-op
[] Phenytoin level	AM draw For 1 Occurrences, PACU & Post-op
[] Phenytoin level, free	AM draw For 1 Occurrences, PACU & Post-op

Labs - AM Daily x 3

[] Hemoglobin	AM draw repeats For 3 Occurrences, PACU & Post-op
----------------	---

Imaging

CT

[] CT Head Wo Contrast	Routine, 1 time imaging For 1 , PACU & Post-op
[] CT Head Wo Contrast in AM	Routine, 1 time imaging, Starting S+1 For 1 Occurrences, PACU & Post-op

Diagnostic MRI/MRA

[] MRI Brain W Wo Contrast	Routine, 1 time imaging For 1 , PACU & Post-op
[] MRI Brain Wo Contrast	Routine, 1 time imaging For 1 , PACU & Post-op

X-ray

[] Chest 1 Vw Portable in AM	Routine, 1 time imaging, Starting S+1 For 1 , PACU & Post-op
-------------------------------	--

Consults

For Physician Consult orders use sidebar

Ancillary Consults

[] Consult to Case Management	Consult Reason: PACU & Post-op
[] Consult to Social Work	Reason for Consult: PACU & Post-op
[] Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: PACU & Post-op
[] Consult PT wound care	Special Instructions: Location of Wound? PACU & Post-op

<input type="checkbox"/> Consult to OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: PACU & Post-op
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic: PACU & Post-op
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? PACU & Post-op
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult: PACU & Post-op
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: PACU & Post-op
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult? PACU & Post-op

Physician Consults

<input type="checkbox"/> Consult Intensive Care	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? PACU & Post-op
<input type="checkbox"/> Consult Physical Medicine Rehab	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? PACU & Post-op