

General

Common Present on Admission Diagnosis

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

Elective Outpatient, Observation, or Admission (Single Response)

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

Admission or Observation (Single Response)

Patient has active outpatient status order on file

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

Admission (Single Response)

Patient has active status order on file

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

Code Status

<input type="checkbox"/> Full code	Code Status decision reached by: Post-op
<input type="checkbox"/> DNR (Do Not Resuscitate) (Selection Required)	
<input type="checkbox"/> 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
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Isolation

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

Precautions

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

Nursing

Vital Signs (Single Response)

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol With Neuro exam, PACU & Post-op
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Activity (Selection Required)

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S, PACU & Post-op
<input type="checkbox"/> Strict bed rest with legs straight for four hours	Routine, Until discontinued, Starting S For 4 Hours, PACU & Post-op
<input type="checkbox"/> Strict bed rest with legs straight for 6 hours	Routine, Until discontinued, Starting S For 6 Hours, PACU & Post-op
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op
<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated PACU & Post-op
<input type="checkbox"/> Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees PACU & Post-op
<input type="checkbox"/> Head of bed flat	Routine, Until discontinued, Starting S Head of bed: flat PACU & Post-op

Nursing

<input type="checkbox"/> Neurological assessment	Routine, Every hour Assessment to Perform: While in ICU and then every 4 hours, PACU & Post-op
<input checked="" type="checkbox"/> 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

<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> Apply ice pack	Routine, Conditional Frequency Affected area: To puncture site as needed for pain or swelling., PACU & Post-op
<input type="checkbox"/> Encourage fluids	Routine, Until discontinued, Starting S, PACU & Post-op
<input type="checkbox"/> Surgical/incision site care	Routine, Once Location: Site: Apply: Dressing Type: Open to air? PACU & Post-op
<input checked="" type="checkbox"/> Reinforce dressing	Routine, As needed Reinforce with: If saturated. Call physician., PACU & Post-op
<input checked="" type="checkbox"/> Bedside Glucose and Notify (Selection Required)	"And" Linked Panel
<input checked="" type="checkbox"/> Bedside glucose	Routine, Once For 1 Occurrences In recovery, PACU & Post-op
<input checked="" type="checkbox"/> 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
<input type="checkbox"/> No anticoagulants INcluding UNfractionated heparin	Routine, Until discontinued, Starting S Reason for "No" order: PACU & Post-op
<input type="checkbox"/> No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order: PACU & Post-op

Notify

<input checked="" type="checkbox"/> Notify Physician if acute change in neurological status	Routine, Until discontinued, Starting S, PACU & Post-op
<input checked="" type="checkbox"/> Notify Physician bleeding at site	Routine, Until discontinued, Starting S, PACU & Post-op
<input type="checkbox"/> Notify Physician of lost of distal pulses	Routine, Until discontinued, Starting S, PACU & Post-op
<input checked="" type="checkbox"/> 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)

<input type="checkbox"/> lactated Ringer's infusion	intravenous, continuous, Post-op
<input type="checkbox"/> sodium chloride 0.9 % infusion	intravenous, continuous, Post-op
<input type="checkbox"/> sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Post-op
<input type="checkbox"/> 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)

<input type="checkbox"/> sodium chloride 0.9 % infusion - femoral sheath	15 mL/hr, intravenous, continuous, Post-op Via femoral sheath
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Medications

Anticoagulants

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

Steroids (Single Response)

<input type="checkbox"/>	dexamethasone (DECADRON) IV	4 mg, intravenous, every 6 hours scheduled, Post-op
<input type="checkbox"/>	methylPREDNISolone (MEDROL PAK) dose pack (start in AM)	

THIS A PANEL. DO NOT EDIT.

<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	methylPREDNISolone (MEDROL) tablet	4 mg, oral, 3 times daily around food, Starting S+1, For 3 Doses, Post-op
<input type="checkbox"/>	methylPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, Starting S+1, For 1 Doses, Post-op
<input type="checkbox"/>	methylPREDNISolone (MEDROL) tablet	4 mg, oral, 4 times daily tapering, Starting S+2, Post-op

Medications

<input type="checkbox"/>	pantoprazole (PROTONIX) IV or ORAL	"Or" Linked Panel
<input type="checkbox"/>	pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/>	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

<input type="checkbox"/>	levETIRAcetam (KEPPRA) in sodium chloride 0.9 % 100 mL IVPB (Loading Dose)	1,000 mg, intravenous, once, For 1 Doses, Post-op
<input type="checkbox"/>	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)
<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 (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)

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

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

fosphenytoin (CEREBYX) IVPB Loading Dose followed by phenytoin (DILANTIN) ER oral capsule **"Followed by" Linked Panel**

fosphenytoin (CEREBYX) IVPB loading dose intravenous, for 30 Minutes, once, For 1 Doses, Post-op

phenytoin (DILANTIN) ER capsule 100 mg, oral, every 8 hours, Starting H+8 Hours, Post-op

Phenytoin level AM draw repeats, Post-op

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

Loading Dose Once Followed by Every 8 Hour Maintenance **"Followed by" Linked Panel**

fosphenytoin (CEREBYX) IVPB Loading Dose intravenous, for 30 Minutes, once, For 1 Doses, Post-op

fosphenytoin (CEREBYX) IV Push maintenance dose IV Push, every 8 hours, Starting H+8 Hours, Post-op

Phenytoin level AM draw repeats, Post-op

Free phenytoin level AM draw repeats, Post-op

() Loading Dose Once Followed by Every 12 Hour Maintenance

Loading Dose Once Followed by Every 12 Hour Maintenance **"Followed by" Linked Panel**

fosphenytoin (CEREBYX) IVPB Loading Dose intravenous, for 30 Minutes, once, For 1 Doses, Post-op

fosphenytoin (CEREBYX) IV Push maintenance dose IV Push, every 12 hours, Starting H+12 Hours, Post-op

Phenytoin level AM draw repeats, Post-op

Free phenytoin level AM draw repeats, Post-op

() Loading Dose Once Followed by Every 24 Hour Maintenance

Loading Dose Once Followed by Every 24 hours Maintenance **"Followed by" Linked Panel**

fosphenytoin (CEREBYX) IVPB Loading Dose intravenous, for 30 Minutes, once, For 1 Doses, Post-op

fosphenytoin (CEREBYX) IV Push maintenance dose IV Push, every 24 hours, Starting H+24 Hours, Post-op

Phenytoin level AM draw repeats, Post-op

Free phenytoin level AM draw repeats, Post-op

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

Phenytoin level AM draw repeats For 3 Occurrences, Post-op

Free phenytoin level AM draw repeats For 3 Occurrences, Post-op

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
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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
<input type="checkbox"/>	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
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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.
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Breakthrough Pain (Single Response)

<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> HYDROmorphone (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: "lappt1.pdf"

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

Low Risk (Single Response) (Selection Required)

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above
Central line
History of DVT or family history of VTE
Anticipated length of stay GREATER than 48 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

Moderate Risk (Selection Required)

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

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device	"And" Linked Panel
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<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
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<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	"And" Linked Panel
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/>	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/>	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, Post-op
<input type="checkbox"/>	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
<input type="checkbox"/>	patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<input type="checkbox"/>	patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, Post-op For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/>	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<input type="checkbox"/>	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/>	MODERATE Risk of DVT - Non-Surgical (Selection Required)	
	Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
<input type="checkbox"/>	Moderate Risk (Selection Required)	
<input type="checkbox"/>	Moderate risk of VTE	Routine, Once, PACU & Post-op

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

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S, Post-op
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, Post-op
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op

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

DVT Risk and Prophylaxis Tool (Single Response)

URL: "\appt1.pdf"

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

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

<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> MODERATE Risk of DVT - Non-Surgical (Selection Required)	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
<input type="checkbox"/> Moderate Risk (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	"And" Linked Panel
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	"And" Linked Panel
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S, Post-op
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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

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

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, 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.

<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> HIGH Risk of DVT - Non-Surgical (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S, Post-op
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, Post-op
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	

<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op
<input type="checkbox"/> apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1, Post-op Indications:
<input type="checkbox"/> aspirin chewable tablet	162 mg, oral, daily, Starting S+1, Post-op
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, Post-op
<input type="checkbox"/> 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.
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-op
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1, Post-op To be Given on Post Op Day 1. Indications:

<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

Labs

Labs

<input type="checkbox"/> Basic metabolic panel	AM draw For 1 Occurrences, PACU & Post-op
<input type="checkbox"/> CBC with platelet and differential	AM draw For 1 Occurrences, PACU & Post-op
<input type="checkbox"/> Partial thromboplastin time	AM draw For 1 Occurrences, PACU & Post-op
<input type="checkbox"/> Prothrombin time with INR	AM draw For 1 Occurrences, PACU & Post-op
<input type="checkbox"/> Platelet function P2Y12	AM draw For 1 Occurrences, PACU & Post-op
<input type="checkbox"/> Phenytoin level	AM draw For 1 Occurrences, PACU & Post-op
<input type="checkbox"/> Phenytoin level, free	AM draw For 1 Occurrences, PACU & Post-op

Labs - AM Daily x 3

<input type="checkbox"/> Hemoglobin	AM draw repeats For 3 Occurrences, PACU & Post-op
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Imaging

CT

<input type="checkbox"/> CT Head Wo Contrast	Routine, 1 time imaging For 1 , PACU & Post-op
<input type="checkbox"/> CT Head Wo Contrast in AM	Routine, 1 time imaging, Starting S+1 For 1 Occurrences, PACU & Post-op

Diagnostic MRI/MRA

<input type="checkbox"/> MRI Brain W Wo Contrast	Routine, 1 time imaging For 1 , PACU & Post-op
<input type="checkbox"/> MRI Brain Wo Contrast	Routine, 1 time imaging For 1 , PACU & Post-op

X-ray

<input type="checkbox"/> Chest 1 Vw Portable in AM	Routine, 1 time imaging, Starting S+1 For 1 , PACU & Post-op
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Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason: PACU & Post-op
<input type="checkbox"/> Consult to Social Work	Reason for Consult: PACU & Post-op
<input type="checkbox"/> 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
<input type="checkbox"/> 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