

General

Common Present on Admission Diagnosis

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

Admission or Observation (Single Response) (Selection Required)

| | |
|---|--|
| <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. |
| <input type="radio"/> Outpatient observation services under general supervision | Diagnosis: Admitting Physician: Patient Condition: Bed request comments: |
| <input type="radio"/> Outpatient in a bed - extended recovery | Diagnosis: Admitting Physician: Bed request comments: |

Admission or Observation (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.

Outpatient observation services under general supervision
 Diagnosis:
 Admitting Physician:
 Patient Condition:
 Bed request comments:

Outpatient in a bed - extended recovery
 Diagnosis:
 Admitting Physician:
 Bed request comments:

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.

Code Status

Full code
 DNR (Selection Required)
 DNR (Do Not Resuscitate)
 Consult to Palliative Care Service
 Consult to Social Work
 Modified Code
 Treatment Restrictions

Code Status decision reached by:
 Does patient have decision-making capacity?
 Priority:
 Reason for Consult?
 Order?
 Name of referring provider:
 Enter call back number:
 Reason for Consult:
 Does patient have decision-making capacity?
 Modified Code restrictions:
 Treatment Restriction decision reached by:
 Specify Treatment Restrictions:

Isolation

Airborne isolation status
 Airborne isolation status
 Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.
 Contact isolation status
 Droplet isolation status
 Enteric isolation status

Details
 Once, Sputum
 Details
 Details
 Details

Precautions

Aspiration precautions
 Fall precautions
 Latex precautions
 Seizure precautions

Details
 Increased observation level needed:
 Details
 Increased observation level needed:

Case request

Case request operating room

Details

Nursing

Nursing

Complete consent for

Routine, Once For 1 Occurrences

Procedure:

Diagnosis/Condition:

Physician:

Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

Tobacco cessation education

Routine, Once

Nursing communication

Routine, Once For 1 Occurrences

Vital signs - T/P/R/BP

Routine, Per unit protocol

Diet

NPO

Diet effective now, Starting S

NPO: Except meds

Pre-Operative fasting options:

IV Fluids

Medications

Pre-Op Antibiotics (Single Response)

cefTRIAxone (ROCEPHIN) IV and vancomycin IV

cefTRIAxone (ROCEPHIN) IV

2 g, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op

Reason for Therapy: Surgical Prophylaxis

vancomycin (VANCOGIN) IV

15 mg/kg, intravenous, once, For 1 Doses, Pre-op

Reason for Therapy:

For Penicillin Allergy - aztreonam IV and vancomycin IV

aztreonam (AZACTAM) IV

2 g, intravenous, once, For 1 Doses, Pre-op

Reason for Therapy: Surgical Prophylaxis

vancomycin (VANCOGIN) IV

15 mg/kg, intravenous, once, For 1 Doses, Pre-op

Reason for Therapy:

General Pain Management (Single Response)

Opioid TOLERANT Patients

Pain Medications For Patients LESS than 65 years old

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

ibuprofen (MOTRIN) tablet OR oral suspension

"Or" Linked Panel

Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.

ibuprofen (ADVIL,MOTRIN) tablet

600 mg, oral, every 6 hours PRN, mild pain (score 1-3)

Not recommended for patients with eGFR LESS than 30 mL/min.

ibuprofen (ADVIL,MOTRIN) 100 mg/5 mL suspension

600 mg, oral, every 6 hours PRN, mild pain (score 1-3)

Not recommended for patients with eGFR LESS than 30 mL/min.

naproxen (NAPROSYN) tablet

250 mg, oral, every 8 hours PRN, mild pain (score 1-3)

Not recommended for patients with eGFR LESS than 30 mL/min.

acetaminophen-codeine (TYLENOL #3) tablet OR oral solution

"Or" Linked Panel

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet

1 tablet, oral, every 6 hours PRN, mild pain (score 1-3)

Maximum of 3 grams of acetaminophen per day from all sources.

(Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.

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|--------------------------|---|--|
| <input type="checkbox"/> | acetaminophen-codeine 300 mg-30 mg /12.5 mL solution | 12.5 mL, oral, every 6 hours PRN, mild pain (score 1-3) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. |
| <input type="checkbox"/> | HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir | "Or" Linked Panel Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, mild pain (score 1-3) |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution | 10 mL, oral, every 6 hours PRN, mild pain (score 1-3) |
| <input type="checkbox"/> | HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir (Single Response) | |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution | 15 mL, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir | "Or" Linked Panel Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution | 20 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient can not swallow tablet. |
| <input type="checkbox"/> | PRN Moderate Pain (Pain Score 4-6) - Oral (Single Response) | |
| <input type="checkbox"/> | hydromorPHONE (DILAUDID) tablet | 4 mg, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | morPHINE immediate-release tablet | 15 mg, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet | 2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | oxyCODone (ROXICODONE) immediate release tablet | 10 mg, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | PRN Moderate Pain (Pain Score 4-6) - IV (Single Response) | |
| <input type="checkbox"/> | fentaNYL (SUBLIMAZE) injection | 50 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | morPHINE injection | 4 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | hydromorPHONE (DILAUDID) injection | 0.8 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | ketorolac (TORADOL) IV (Single Response) | Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age. WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery. |
| <input type="checkbox"/> | For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection | 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection | 30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | PRN Severe Pain (Pain Score 7-10) - Oral (Single Response) | |
| <input type="checkbox"/> | hydromorPHONE (DILAUDID) tablet | 4 mg, oral, every 4 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> | morPHINE immediate-release tablet | 15 mg, oral, every 4 hours PRN, severe pain (score 7-10) |

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| <input type="checkbox"/> | oxyCODONE (ROXICODONE) immediate release tablet | 10 mg, oral, every 4 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> PRN Severe Pain (Pain Score 7-10) - IV (Single Response) | | |
| <input type="checkbox"/> | fentaNYL (SUBLIMAZE) injection | 75 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> | morPHINE injection | 4 mg, intravenous, every 2 hour PRN, severe pain (score 7-10) |
| <input type="checkbox"/> | hydromorPHONE (DILAUDID) injection | 1 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> Pain Medications For Patients GREATER than or equal to 65 years old | | |
| <input type="checkbox"/> PRN Mild Pain (Pain Score 1-3) (Single Response) | | |
| <input type="checkbox"/> | acetaminophen-codeine (TYLENOL #3) tablet OR oral solution | "Or" Linked Panel Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| <input type="checkbox"/> | acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet | 1 tablet, oral, every 6 hours PRN, mild pain (score 1-3) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. |
| <input type="checkbox"/> | acetaminophen-codeine 300 mg-30 mg /12.5 mL solution | 12.5 mL, oral, every 6 hours PRN, mild pain (score 1-3) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. |
| <input type="checkbox"/> | HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir | "Or" Linked Panel Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, mild pain (score 1-3) |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution | 10 mL, oral, every 6 hours PRN, mild pain (score 1-3) |
| <input type="checkbox"/> | traMADoL (ULTRAM) tablet | 25 mg, oral, every 6 hours PRN, mild pain (score 1-3) If eGFR LESS than 30 mL/min: change frequency to every 12 hours and max daily dose not to exceed 200 mg/day |
| <input type="checkbox"/> | oxyCODone (ROXICODONE) 5 mg/5 mL solution | 2.5 mg, oral, every 6 hours PRN, mild pain (score 1-3) |
| <input type="checkbox"/> PRN Moderate Pain (Pain Score 4-6) - Oral (Single Response) | | |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | hydromorPHONE (DILAUDID) tablet | 2 mg, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | morPHINE immediate-release tablet | 15 mg, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | oxyCODone (ROXICODONE) immediate release tablet | 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | traMADoL (ULTRAM) tablet | 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) If eGFR LESS than 30 mL/min: change frequency to every 12 hours and max daily dose not to exceed 200 mg/day |
| <input type="checkbox"/> PRN Moderate Pain (Pain Score 4-6) - IV (Single Response) | | |
| <input type="checkbox"/> | fentaNYL (SUBLIMAZE) injection | 25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | morPHINE injection | 2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | hydromorPHONE (DILAUDID) injection | 0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> PRN Severe Pain (Pain Score 7-10) - Oral (Single Response) | | |
| <input type="checkbox"/> | hydromorPHONE (DILAUDID) tablet | 4 mg, oral, every 4 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> | morPHINE immediate-release tablet | 15 mg, oral, every 4 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> | oxyCODONE (ROXICODONE) immediate release tablet | 10 mg, oral, every 4 hours PRN, severe pain (score 7-10) |

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| <input type="checkbox"/> PRN Severe Pain (Pain Score 7-10) - IV (Single Response) | |
| <input type="checkbox"/> fentaNYL (SUBLIMAZE) injection | 50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> morPHINE injection | 4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> hydromorPHONE (DILAUDID) injection | 0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> Adjunct Medications (Single Response) | |
| <input type="checkbox"/> ibuprofen (MOTRIN) tablet OR oral suspension | "Or" Linked Panel Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. |
| <input type="checkbox"/> ibuprofen (ADVIL,MOTRIN) tablet | 600 mg, oral, every 6 hours PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication. |
| <input type="checkbox"/> ibuprofen (ADVIL,MOTRIN) 100 mg/5 mL suspension | 600 mg, oral, every 6 hours PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet. |
| <input type="checkbox"/> naproxen (NAPROSYN) tablet | 250 mg, oral, every 8 hours PRN, mild pain (score 1-3) |
| <input type="checkbox"/> keTOROLac (TORadol) injection | 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> Muscle Relaxers (Single Response) | |
| <input type="checkbox"/> methocarbamoL (ROBAXIN) tablet | 500 mg, oral, every 6 hours PRN, muscle spasms |
| <input type="checkbox"/> cyclobenzaprine (FLEXERIL) tablet | 5 mg, oral, 3 times daily PRN, muscle spasms |
| <input type="checkbox"/> tiZANidine (ZANAFLEX) tablet | 2 mg, oral, every 8 hours PRN, muscle spasms |
| <input type="checkbox"/> Respiratory Depression or Somnolence | |
| <input type="checkbox"/> naloxone (NARCAN) 0.4 mg/mL injection | 0.2 mg, intravenous, PRN, respiratory depression As needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3). Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. |
| <input type="checkbox"/> Itching (Single Response) | |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet | 25 mg, oral, every 6 hours PRN, itching |
| <input type="checkbox"/> hydrOXYzine (ATARAX) tablet | 10 mg, oral, every 6 hours PRN, itching |
| <input type="checkbox"/> cetirizine (ZyrTEC) tablet | 5 mg, oral, daily PRN, itching |
| <input type="checkbox"/> fexofenadine (ALLEGRA) tablet | 60 mg, oral, 2 times daily PRN, itching For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed |
| <input type="checkbox"/> Antiemetics | |
| <input type="checkbox"/> ondansetron (ZOFRAN) Oral or IV | "Or" Linked Panel |
| <input type="checkbox"/> ondansetron ODT (ZOFRAN-ODT) disintegrating tablet | 4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication. |
| <input type="checkbox"/> ondansetron (ZOFRAN) IV | 4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. |
| <input type="checkbox"/> promethazine (PHENERGAN) Oral, Rectal, or IV | |
| <input type="checkbox"/> promethazine (PHENERGAN) tablet | 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate rectal or oral medication OR if a faster onset of action is required. |
| <input type="checkbox"/> promethazine (PHENERGAN) suppository | 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate rectal or oral medication. |
| <input type="checkbox"/> promethazine (PHENERGAN) injection | 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Give if ondansetron (ZOFRAN) is ineffective and patient is unable to tolerate oral or rectal medication or if faster action is required |
| <input type="checkbox"/> Bowel Regimen: For Patients LESS than 65 years old | |
| <input type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet | 1 tablet, oral, 2 times daily Hold for diarrhea |
| <input type="checkbox"/> bisacodyL (DULCOLAX) suppository | 10 mg, rectal, daily PRN, constipation, if with persistent constipation |
| <input type="checkbox"/> Bowel Regimen: For Patients GREATER than 65 years old | |
| <input type="checkbox"/> polyethylene glycol (MIRALAX) packet 17 gram | 17 g, oral, daily PRN, constipation, if with persistent constipation |

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|--------------------------|---|--|
| <input type="checkbox"/> | sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet | 1 tablet, oral, 2 times daily Hold for diarrhea |
| <input type="checkbox"/> | bisacodyl (DULCOLAX) suppository | 10 mg, rectal, daily PRN, constipation, if with persistent constipation |
| <input type="checkbox"/> | For Constipation still unrelieved: naloxegol (MOVANTIK) (Single Response) | |
| | naloxegol (Movantik) : For eGFR LESS than 60 mL/min or not tolerated, reduce dose to 12.5 mg once daily before breakfast on an empty stomach. Avoid use in patient with severe hepatic impairment (Child-Pugh Class C) | |
| <input type="checkbox"/> | naloxegol (MOVANTIK) tablet 25 mg | 25 mg, oral, daily before breakfast |
| <input type="checkbox"/> | naloxegol (MOVANTIK) tablet 12.5 mg - For eGFR LESS than 60 mL/min | 12.5 mg, oral, daily before breakfast |
| <input type="checkbox"/> | Opioid NAIVE Patients | |
| <input type="checkbox"/> | Pain Medications For Patients LESS than 65 years old | |
| <input type="checkbox"/> | PRN Mild Pain (Pain Score 1-3) (Single Response) | |
| <input type="checkbox"/> | acetaminophen (TYLENOL) tablet OR oral suspension | "Or" Linked Panel Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| <input type="checkbox"/> | acetaminophen (TYLENOL) tablet | 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Maximum of 3 grams of acetaminophen per day from all sources. Give the tablet if the patient can tolerate oral medication. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| <input type="checkbox"/> | acetaminophen (TYLENOL)suspension | 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot tolerate oral tablet. |
| <input type="checkbox"/> | ibuprofen (MOTRIN) tablet OR oral suspension | "Or" Linked Panel Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. |
| <input type="checkbox"/> | ibuprofen (ADVIL,MOTRIN) tablet | 600 mg, oral, every 6 hours PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication. |
| <input type="checkbox"/> | ibuprofen (ADVIL,MOTRIN) 100 mg/5 mL suspension | 600 mg, oral, every 6 hours PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet. |
| <input type="checkbox"/> | naproxen (NAPROSYN) tablet | 250 mg, oral, every 8 hours PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min. |
| <input type="checkbox"/> | PRN Moderate Pain (Pain Score 4-6) - Oral (Single Response) | |
| <input type="checkbox"/> | acetaminophen-codeine (TYLENOL #3) tablet OR oral solution | "Or" Linked Panel Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| <input type="checkbox"/> | acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. |
| <input type="checkbox"/> | acetaminophen-codeine 300 mg-30 mg /12.5 mL solution | 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (NORCO) 5/325 tablet OR elixir | "Or" Linked Panel Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution | 10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) |

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| <input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 7.5-325 tablet OR elixir (Single Response) | |
| <input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution | 15 mL, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir "Or" Linked Panel | |
| Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) | |
| <input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 10-325) 10-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. |
| <input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution | 20 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient can not swallow tablet. |
| <input type="checkbox"/> traMADoL (ULTRAM) tablet | 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) For eGFR LESS than 30 mL/min, change frequency to every 12 hours |
| <input type="checkbox"/> PRN Moderate Pain (Pain Score 4-6) - IV (Single Response) | |
| <input type="checkbox"/> fentaNYL (SUBLIMAZE) injection | 25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> morPHINE injection | 2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> hydromorPHONE (DILAUDID) injection | 0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> ketorolac (TORADOL) IV (Single Response) | |
| Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age. WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery. | |
| <input type="checkbox"/> For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection | 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection | 30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> PRN Severe Pain (Pain Score 7-10) - Oral (Single Response) | |
| <input type="checkbox"/> hydromorPHONE (DILAUDID) tablet | 2 mg, oral, every 6 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> morPHINE immediate-release tablet | 15 mg, oral, every 6 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet | 10 mg, oral, every 6 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> PRN Severe Pain (Pain Score 7-10) - IV (Single Response) | |
| <input type="checkbox"/> fentaNYL (SUBLIMAZE) injection | 50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> morPHINE injection | 4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> hydromorPHONE (DILAUDID) injection | 0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> Pain Medications For Patients GREATER than 65 years old | |
| <input type="checkbox"/> PRN Mild Pain (Pain Score 1-3) (Single Response) | |
| <input type="checkbox"/> acetaminophen (TYLENOL) tablet OR oral suspension "Or" Linked Panel | |
| Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) | |
| <input type="checkbox"/> acetaminophen (TYLENOL) tablet | 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Maximum of 3 grams of acetaminophen per day from all sources. Give the tablet if the patient can tolerate oral medication. (Cirrhosis patients maximum: 2 grams per day from all sources) |

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| <input type="checkbox"/> | acetaminophen (TYLENOL)suspension | 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot tolerate oral tablet. |
| <input type="checkbox"/> | ibuprofen (MOTRIN) tablet OR oral suspension | "Or" Linked Panel Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. |
| <input type="checkbox"/> | ibuprofen (ADVIL,MOTRIN) tablet | 600 mg, oral, every 6 hours PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication. |
| <input type="checkbox"/> | ibuprofen (ADVIL,MOTRIN) 100 mg/5 mL suspension | 600 mg, oral, every 6 hours PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet. |
| <input type="checkbox"/> | naproxen (NAPROSYN) tablet | 250 mg, oral, every 8 hours PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min. |
| <input type="checkbox"/> | PRN Moderate Pain (Pain Score 4-6) - Oral (Single Response) | |
| <input type="checkbox"/> | acetaminophen-codeine (TYLENOL #3) tablet OR oral solution | "Or" Linked Panel Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| <input type="checkbox"/> | acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. |
| <input type="checkbox"/> | acetaminophen-codeine 300 mg-30 mg /12.5 mL solution | 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (NORCO) 5/325 tablet OR elixir | "Or" Linked Panel Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution | 10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | traMADoL (ULTRAM) tablet | 25 mg, oral, every 6 hours PRN, moderate pain (score 4-6) For eGFR LESS than 30 mL/min, change frequency to every 12 hours |
| <input type="checkbox"/> | PRN Moderate Pain (Pain Score 4-6) - IV (Single Response) | |
| <input type="checkbox"/> | fentaNYL (SUBLIMAZE) injection | 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | morPHINE injection | 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | hydromorPHONE (DILAUDID) injection | 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | keTORoLac (TORadol) injection | 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> | PRN Severe Pain (Pain Score 7-10) - Oral (Single Response) | |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> | HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> | hydromorPHONE (DILAUDID) tablet | 2 mg, oral, every 6 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> | morPHINE immediate-release tablet | 15 mg, oral, every 6 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> | oxyCODONE (ROXICODONE) immediate release tablet | 5 mg, oral, every 6 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> | PRN Severe Pain (Pain Score 7-10) - IV (Single Response) | |
| <input type="checkbox"/> | fentaNYL (SUBLIMAZE) injection | 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> | morPHINE injection | 2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> | hydromorPHONE (DILAUDID) injection | 0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) |

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| <input type="checkbox"/> Scheduled Pain Medications (Single Response) | |
| Consider scheduled options if pain source is present and patient unable to reliably communicate needs. Monitor closely for response. | |
| <input type="checkbox"/> Mild Pain (Pain Score 1-3) | 500 mg, oral |
| <input type="checkbox"/> Moderate Pain (Pain Score 4-6) (Single Response) | |
| <input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution | 10 mL, oral, every 6 hours scheduled |
| <input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet | 1 tablet, oral, every 6 hours scheduled |
| <input type="checkbox"/> traMADoL (ULTRAM) tablet | 25 mg, oral, every 6 hours scheduled If eGFR is LESS than 30 mL/min: change frequency to every 12 hours and max daily dose not to exceed 200 mg/day. |
| <input type="checkbox"/> Severe Pain (Pain Score 7-10) (Single Response) | |
| <input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet | 1 tablet, oral, every 6 hours scheduled |
| <input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet | 5 mg, oral, every 6 hours scheduled |
| <input type="checkbox"/> Muscle Relaxers (Single Response) | |
| <input type="checkbox"/> methocarbamol (ROBAXIN) tablet | 500 mg, oral, every 6 hours PRN, muscle spasms |
| <input type="checkbox"/> cyclobenzaprine (FLEXERIL) tablet | 5 mg, oral, 3 times daily PRN, muscle spasms |
| <input type="checkbox"/> tiZANidine (ZANAFLEX) tablet | 2 mg, oral, every 8 hours PRN, muscle spasms |
| <input type="checkbox"/> Respiratory Depression or Somnolence | |
| <input type="checkbox"/> naloxone (NARCAN) 0.4 mg/mL injection | 0.2 mg, intravenous, PRN, respiratory depression As needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3). Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. |
| <input type="checkbox"/> Itching (Single Response) | |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet | 25 mg, oral, every 6 hours PRN, itching |
| <input type="checkbox"/> hydrOXYzine (ATARAX) tablet | 10 mg, oral, every 6 hours PRN, itching |
| <input type="checkbox"/> cetirizine (ZyrTEC) tablet | 5 mg, oral, daily PRN, itching |
| <input type="checkbox"/> fexofenadine (ALLEGRA) tablet | 60 mg, oral, 2 times daily PRN, itching For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed |
| <input type="checkbox"/> Antiemetics | |
| <input type="checkbox"/> ondansetron (ZOFTRAN) Oral or IV | "Or" Linked Panel |
| <input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet | 4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication. |
| <input type="checkbox"/> ondansetron (ZOFTRAN) IV | 4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. |
| <input type="checkbox"/> promethazine (PHENERGAN) Oral, Rectal, or IV | "Or" Linked Panel |
| <input type="checkbox"/> promethazine (PHENERGAN) tablet | 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate rectal or oral medication OR if a faster onset of action is required. |
| <input type="checkbox"/> promethazine (PHENERGAN) suppository | 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate rectal or oral medication. |
| <input type="checkbox"/> promethazine (PHENERGAN) injection | 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Give if ondansetron (ZOFTRAN) is ineffective and patient is unable to tolerate oral or rectal medication or if faster action is required |
| <input type="checkbox"/> Bowel Regimen: For Patients LESS than 65 years old | |
| <input type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet | 1 tablet, oral, 2 times daily Hold for diarrhea |
| <input type="checkbox"/> bisacodyL (DULCOLAX) suppository | 10 mg, rectal, daily PRN, constipation, if with persistent constipation |
| <input type="checkbox"/> Bowel Regimen: For Patients GREATER than 65 years old | |
| <input type="checkbox"/> polyethylene glycol (MIRALAX) packet 17 gram | 17 g, oral, daily PRN, constipation, if with persistent constipation |

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| <input type="checkbox"/> | sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet | 1 tablet, oral, 2 times daily Hold for diarrhea |
| <input type="checkbox"/> | bisacodyl (DULCOLAX) suppository | 10 mg, rectal, daily PRN, constipation, if with persistent constipation |
| <input type="checkbox"/> | For Constipation still unrelieved: naloxegol (MOVANTIK) (Single Response) | |
| | naloxegol (Movantik) : For eGFR LESS than 60 mL/min or not tolerated, reduce dose to 12.5 mg once daily before breakfast on an empty stomach. Avoid use in patient with severe hepatic impairment (Child-Pugh Class C) | |
| <input type="checkbox"/> | naloxegol (MOVANTIK) tablet 25 mg | 25 mg, oral, daily before breakfast |
| <input type="checkbox"/> | naloxegol (MOVANTIK) tablet 12.5 mg - For eGFR LESS than 60 mL/min | 12.5 mg, oral, daily before breakfast |

Labs

Labs

| | | |
|--------------------------|--|--|
| <input type="checkbox"/> | Albumin level | Once For 1 Occurrences, Pre-Procedure |
| <input type="checkbox"/> | Prealbumin level | Once For 1 Occurrences |
| <input type="checkbox"/> | Transferrin level | Once |
| <input type="checkbox"/> | Hemoglobin A1c | Once For 1 Occurrences |
| <input type="checkbox"/> | LDL cholesterol, direct | Once For 1 Occurrences |
| <input type="checkbox"/> | Lactic acid level | Once For 1 Occurrences |
| <input type="checkbox"/> | CBC with platelet and differential | Once For 1 Occurrences |
| <input type="checkbox"/> | Prealbumin level | Once For 1 Occurrences |
| <input type="checkbox"/> | Sedimentation rate | Once |
| <input type="checkbox"/> | C-reactive protein | Once For 1 Occurrences |
| <input type="checkbox"/> | Urinalysis, automated with microscopy | Once For 1 Occurrences |
| <input type="checkbox"/> | Blood culture x 2 | "And" Linked Panel |
| <input type="checkbox"/> | Blood Culture (Aerobic & Anaerobic) | Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used. |
| <input type="checkbox"/> | Blood Culture (Aerobic & Anaerobic) | Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used. |
| <input type="checkbox"/> | Aerobic culture | Once For 1 Occurrences |
| <input type="checkbox"/> | Anaerobic culture | Once For 1 Occurrences |
| <input type="checkbox"/> | Type and screen | Once For 1 Occurrences |
| <input type="checkbox"/> | Prothrombin time with INR | Once For 1 Occurrences |
| <input type="checkbox"/> | Partial thromboplastin time, activated | Once For 1 Occurrences |

Cardiology

ECG

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|--------------------------|-------------|--|
| <input type="checkbox"/> | ECG 12 lead | Routine, STAT For 1 Occurrences Clinical Indications: Pre-Op Clearance Interpreting Physician: |
|--------------------------|-------------|--|

Imaging

Imaging

Physiologic (ABI, Duplex) (If no vascular intervention and no studies in last 3 months)

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|--------------------------|---|---|
| <input type="checkbox"/> | Us duplex arterial lower extremity | Routine, 1 time imaging For 1 Occurrences |
| <input type="checkbox"/> | Pv physiologic arterial lower extremity limited | Routine, 1 time imaging For 1 Occurrences |
| <input type="checkbox"/> | Us ankle brachial index | Routine, 1 time imaging For 1 Occurrences |

Foot x-ray

| | | |
|--------------------------|------------------------|---|
| <input type="checkbox"/> | XR Foot 1Vw Right | Routine, 1 time imaging For 1 Occurrences |
| <input type="checkbox"/> | XR Foot 1Vw Left | Routine, 1 time imaging For 1 Occurrences |
| <input type="checkbox"/> | XR Foot 2 Vw Left | Routine, 1 time imaging For 1 Occurrences |
| <input type="checkbox"/> | XR Foot 2 Vw Right | Routine, 1 time imaging For 1 Occurrences |
| <input type="checkbox"/> | XR Foot 2 Vw Bilateral | Routine, 1 time imaging For 1 Occurrences |
| <input type="checkbox"/> | XR Foot 3+ Vw Left | Routine, 1 time imaging For 1 Occurrences |
| <input type="checkbox"/> | XR Foot 3+ Vw Right | Routine, 1 time imaging For 1 Occurrences |
| <input type="checkbox"/> | XR Foot 3 Vw Bilateral | Routine, 1 time imaging For 1 Occurrences |

MRI of the foot

| | | |
|--------------------------|----------------------------|---|
| <input type="checkbox"/> | MRI Foot Wo Contrast Left | Routine, 1 time imaging For 1 Occurrences |
| <input type="checkbox"/> | MRI Foot Wo Contrast Right | Routine, 1 time imaging For 1 |

Consults

Physician consults

| | | |
|--------------------------|------------------------------|--|
| <input type="checkbox"/> | Consult Vascular Surgery | Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? |
| <input type="checkbox"/> | Consult Orthopedic Surgery | Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? |
| <input type="checkbox"/> | Consult Podiatry | Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? |
| <input type="checkbox"/> | Consult Pain Management | Reason for Consult? Area of body with pain: Patient/Clinical information communicated? Patient/clinical information communicated? |
| <input type="checkbox"/> | Consult Infectious Diseases | Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? |
| <input type="checkbox"/> | Consult Endocrinology DOL | Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Endocrinology if A1C>8 |
| <input type="checkbox"/> | Consult Hospitalist Medicine | Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? |

Ancillary consults

| | | |
|--------------------------|------------------------------------|---|
| <input type="checkbox"/> | Consult to Nutrition Services | Reason For Consult? Purpose/Topic: Nutrition if prealb<12 or 18<BMI>30 |
| <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: |
| <input type="checkbox"/> | Consult to Case Management | Consult Reason: |
| <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: |