Cardiac Catheterization PCI Intervention - Inpatient [1021]

This post PCI order set is intended for patients transferring to an inpatient unit. Medications in this order set are hospital medications.

For PCI outpatients discharging home, use the Cardiac Catheterization PCI Intervention - Outpatient order set.

4 new available Cath Lab order sets:

Discharge Post Procedure:

Cardiac Catheterization Post Procedure - Outpatient Cardiac Catheterization PCI Intervention - Outpatient

Admit/Transfer to Unit:

Cardiac Catheterization Post Procedure - Inpatient Cardiac Catheterization PCI Intervention - Inpatient

General	
Elective Outpatient, Observation, or Admission (Single	Response)
() Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, Scheduling/ADT
() Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Scheduling/ADT Admitting Physician: Bed request comments: Scheduling/ADT
() Admit to Inpatient	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. Scheduling/ADT
() Elective Outpatient, Observation, or Admission (Single) Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
() Admit to Inpatient	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

[] Airborne isolation status

Isolation

[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum, Post-op
[] Contact isolation status	Details
[] Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Post-op
[] Fall precautions	Increased observation level needed: Post-op
[] Latex precautions	Post-op
[] Seizure precautions	Increased observation level needed: Post-op
Nursing - Post Procedure	
Femoral - Sheath Removal	
[] Closure Devices	
[] The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[] Activity (Selection Required)	, , , , , , , , , , , , , , , , , , ,
[] Patient was treated with a closure device.	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight., Post-op
[] Patient Education Prior to Sheath Removal ar Discharge	<u> </u>
[] Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Sign and symptoms, Post-op
[] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care., Post-op
[] Post Procedure Assessment	and Elimitations and one caret, it out op
[] Vital signs after sheath removal	Routine, Every 15 min Vital signs after sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[] Assess post-sheath cath site	Routine, Every 15 min For 4 Occurrences Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[] Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
Manual Pressure	
[] The physician must be notified prior to sheath removal of a systolic blood if	Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op

[] Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
 The physician must be notified for any signs of complications. 	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[] Activity (Selection Required)	Tromatoma formation, or digito of complications, it cost op
[] Bed rest times following Procedure using fem access are: (Must Select One) (Single Respo (Selection Required)	
 Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
() Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
() Patient was treated with a 6 French	Routine, Until discontinued, Starting S
catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours.	Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
() Patient was treated with a 7 French or	Routine, Until discontinued, Starting S
greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours.	Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
[] Patient Education Prior to Sheath Removal and Discharge	
Patient education prior to post-sheath	Routine, Once, Starting S For 1 Occurrences
removal	Patient/Family: Patient
	Education for: Other (specify), Activity
	Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
[] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient
	Education for: Other (specify), Activity, Discharge, Smoking cessation counseling
	Specify: Patient education prior to discharge.
	Provide discharge instruction on emergent physician contact/symptom
	reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care., Post-op
Pre-Sheath Removal	and Emiliations and site sales, i sociop
[] Vital signs prior to sheath removal	Routine, Every 15 min
	Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[] Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
Assess pre-sheath cath site	Routine, Once For 1 Occurrences
.,	Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician.
	If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[] Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op

[]	Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[]	Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[]	Post-Sheath Removal	· · · · · · · · · · · · · · · · · · ·
[]	Vital signs after sheath removal	Routine, Every 15 min Vital signs after sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Assess post-sheath cath site	Routine, Every 15 min For 4 Occurrences Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and C x4 unless otherwise ordered by the physician., Post-op
[]	Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
	mpression Systems (Single Response)	
()	C-clamp (Selection Required)	
[]	The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal of a systolic blood if pressure >160mmHg., Post-op
[]	Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[]	The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[]	Activity Post Sheath Removal-Femoral Approa	
[]	Bed rest times following Procedure using fem access are: (Must Select One) (Single Response (Selection Required)	
,	() Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
,	() Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
,	() Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
,	() Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours.	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op

[] Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient
Terrioval	Education for: Other (specify), Activity
	Specify: Patient education prior to post sheath removal.
	Provide patient post-sheath removal instructions to include reports of
	warmth, moistness, swelling, numbness or pain at insertion site.,
	Post-op
[] Patient education prior to discharge	Routine, Prior to discharge, Starting S
	Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation
	counseling
	Specify: Patient education prior to discharge.
	Provide discharge instruction on emergent physician contact/symptom
	reporting due to
	bleeding/hematoma/swelling/pain/tenderness/numbness/tingling,
	Activity and Limitations and site care., Post-op
Pre-Sheath Removal	D :: 5 45 :
[] Vital signs prior to sheath removal	Routine, Every 15 min
	Vital signs prior to sheath removal - Obtain base line vital signs, include
	verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q
	1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[] Assist patient to void	Routine, Once For 1 Occurrences
[] Acolot patient to void	Assist patient to void prior to sheath removal., Post-op
[] Assess pre-sheath cath site	Routine, Once For 1 Occurrences
[] Access pro sheath satir site	Assess for signs and symptoms of hematoma or other vascular
	compromise distal to site on arrival unless otherwise ordered by the
	physician.
	If hematoma is present, mark on skin surface and complete hematoma
	documentation., Post-op
[] Patient transferred with sheaths left in plac	
	Patient transferred with Sheaths left in place., Post-op
[] Apply hemostatic patch after assessment	Routine, Until discontinued, Starting S
for hematoma, distal pulses.	Apply pressure proximal to site, place patch over site, slowly remove
	sheath, allow blood to moisten patch. Apply direct pressure to
	site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20
	minutes for PCI/10 minutes for diagnostic cath., Post-op
[] Antegrade sheaths present	Routine, Until discontinued, Starting S
[] Antegrade sheaths present	Antegrade sheath must be pulled by Physicians or appropriately trained
	staff in the Cath Lab setting., Post-op
Dost-Sheath Removal	W / .
[] Vital signs after sheath removal	Routine, Every 15 min
	Vital signs after sheath removal - Obtain base line vital signs, include
	verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q
	1 hour x4, and Q4 x4 unless otherwise ordered by the physician.,
	Post-op
[] Assess post-sheath cath site	Routine, Every 15 min For 4 Occurrences
	Assess site for signs and symptoms of a hematoma or other vascular
	compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
] Site care	Routine, Once
	Site: catheter site
	Ensure complete hemostasis at catheter site, palpate for hematoma,
	apply appropriate dressing. At a minimum, cover site with 2X2 gauze
	and transparent dressing., Post-op
) Femostop	
[] The physician must be notified prior to	Routine, Until discontinued, Starting S, prior to sheath removal of a
sheath removal of a systolic blood if	systolic blood if pressure >160mmHg., Post-op
pressure >160mmHg.	

at site/Bedrest required minimum of 2 hours. () Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours. () Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours. () Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of 4 hours. () Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours. () Patient Education Prior to Sheath Removal and Hospital Discharge [] Patient education prior to post-sheath removal [] Patient education prior to discharge [] Patient Removal [] Patient Education prior to discharge [] Patient Removal [] Patient Removal [] Patient Education prior to discharge [] Patient Removal [] Patient Removal [] Patient Education prior to Sheath removal [] Patient Education prior to discharge [] Patient Education prior to discharge [] Patient Education prior to discharge [] Patient Education prior to discharge. [] Provide discharge instruction on emergent physician contact/symptoreporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity, and Limitations and site care., Post-op [] Pre-Sheath Removal [] Vital signs prior to sheath removal - Obtain base line vital signs, including pain prior to sheath removal - Obtain base line vital signs, including pain prior to sheath removal - Obtain base line vital signs, including pain prior to sheath removal - Obtain base line vital signs, inclu		
of complications. Follow Femostop manufacturer's guidelines in package insert. Activity Post Sheath Removal-Femoral Approach (Selection Required) Bed rest times following Procedure using femoral artery access are: (Must Select One) (Single Response) (Selection Required) Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours. Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours. Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 3 hours. Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours. Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site federest required minimum of 4 hours. Patient teducation Prior to Sheath Removal and Hospital Discharge Patient education prior to post-sheath removal Patient education prior to discharge Patient education prior to discharge	[] Remove sheath	when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order.,
in package insein. [] Activity Post Sheath Removal-Femoral Approach (Selection Required) [] Bed rest times following Procedure using femoral artery access are: (Must Select One) (Single Response) (Selection Required) [] Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours. [] Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours. [] Patient was treated with a 6 French catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of 3 hours. [] Patient was treated with a 6 French catheter. Minimum 20 minutes for PCl/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours. [] Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of 4 hours. [] Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of 4 hours. [] Patient Education Prior to Sheath Removal and Hospital Discharge [] Patient Education prior to post-sheath removal Patient education prior to post-sheath removal Patient education prior to discharge Patient Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to discharge Post-op Patient Education prior to discharge Post-op Patient Education prior to discharge Post-op Patient Education prior to discharge Provide patient post-sheath removal instructions to include reports o warmth, moistness, swelling, numbness or pain at insertion site. Post-op Post-op Post-op Routine, Pror to discharge, Starting S Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counselling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/sympto reporting due to bleeding/hematoma/swelling/pain/tendemess/numbness/fingling, Activity and Limitations and site care. Post-op		uncontrolled pain, absence of pulses/limb discoloration, bleeding,
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Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/sympto reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care., Post-op [] Pre-Sheath Removal [] Vital signs prior to sheath removal Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, incluverified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op [] Assist patient to void Routine, Once For 1 Occurrences		Patient/Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.,
Routine, Every 15 min Vital signs prior to sheath removal Vital signs prior to sheath removal - Obtain base line vital signs, incluverified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op Routine, Once For 1 Occurrences		Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling,
Vital signs prior to sheath removal - Obtain base line vital signs, incluverified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op [] Assist patient to void Routine, Once For 1 Occurrences	• •	
[] Assist patient to void Routine, Once For 1 Occurrences	[] Vital signs prior to sheath removal	Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, C 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.,
·	[] Assist patient to void	Routine, Once For 1 Occurrences

[]	Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma
		documentation., Post-op
[]	Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
[]	Apply hemostatic patch after assessment	Routine, Until discontinued, Starting S
	for hematoma, distal pulses.	Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[]	Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained
[]	Post-Sheath Removal	staff in the Cath Lab setting., Post-op
[]	Vital signs after sheath removal	Routine, Every 15 min Vital signs after sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, C 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Assess post-sheath cath site	Routine, Every 15 min For 4 Occurrences Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Site care	Routine, Once
		Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
	- Sheath Removal	Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze
Rad	ial Compression Device (Selection Required)	Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
Rad [] N p		Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze
Rad [] N p p	ial Compression Device (Selection Required) OTIFY: The physician must be notified rior to sheath removal of a systolic blood if	Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin)
Rad [] N p p [] R	ial Compression Device (Selection Required) OTIFY: The physician must be notified rior to sheath removal of a systolic blood if ressure >160mmHg.	Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding,
Rad [] N p p [] R	ial Compression Device (Selection Required) OTIFY: The physician must be notified rior to sheath removal of a systolic blood if ressure >160mmHg. emove sheath he physician must be notified for any signs	Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op Routine, Until discontinued, Starting S, for abnormal vital signs,
Rad [] N	ial Compression Device (Selection Required) OTIFY: The physician must be notified rior to sheath removal of a systolic blood if ressure >160mmHg. emove sheath he physician must be notified for any signs f complications.	Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op Routine, Continuous Follow manufacturer insert/instructions for use, physician orders, or Progressive Cuff Deflation instruction specific to Diagnostic or
Rad [] N p p [] R [] P In	ial Compression Device (Selection Required) OTIFY: The physician must be notified rior to sheath removal of a systolic blood if ressure >160mmHg. emove sheath he physician must be notified for any signs f complications. lace/Maintain Sequential Compression revice following Manufacturer resert/instructions. rogressive cuff deflation (Single Response) (Sequired)	Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op Routine, Continuous Follow manufacturer insert/instructions for use, physician orders, or Progressive Cuff Deflation instruction specific to Diagnostic or Interventional Procedure performed. Radial Band, Post-op
Rad [] N p p [] R [] P In	ial Compression Device (Selection Required) OTIFY: The physician must be notified rior to sheath removal of a systolic blood if ressure >160mmHg. emove sheath he physician must be notified for any signs f complications. lace/Maintain Sequential Compression revice following Manufacturer is ert/instructions.	Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op Routine, Continuous Follow manufacturer insert/instructions for use, physician orders, or Progressive Cuff Deflation instruction specific to Diagnostic or Interventional Procedure performed. Radial Band, Post-op

[] 2 hours after Radial Compression Device applied deflate 3cc	Routine, Until discontinued, Starting S if no bleeding at site, deflate 3cc every 10 min until all air removed from cuff. If bleeding occurs when 3cc of air is removed, re-inflate with 3cc of air. Wait 30 minutes then restart releasing 3cc of air every 10 minutes until all air has been removed. If site remains free of bleeding/hematoma after 5 min, remove TR band, apply dressing., Post-op
 Patient Education Prior to Sheath Removal and Discharge 	l Hospital
[] Patient education prior to post-sheath removal [] Pa	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
[] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care., Post-op
[] Pre-Sheath Removal	
[] Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[] Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
[] Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[] Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
[] Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[] Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[] Post-Sheath Removal (Selection Required)	3 / •1
[] Vital signs after sheath removal	Routine, Every 15 min Vital signs after sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[] Peripheral vascular assessment - Monitor access site	Routine, Every 15 min Monitor access site, extremity distal to puncture every 15 min until Radial approach cath band removed., Post-op
Notify physician of bleeding and/or loss of pulses.	Routine, Until discontinued, Starting S, Notify physician of bleeding and/or loss of pulses., Post-op

[] Site care	Routine, Once Site: catheter site
	Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze
[1] No blood assessment disease lab decision	and transparent dressing., Post-op
[] No blood pressure readings, lab draws, or IV access	Routine, Until discontinued, Starting S No blood pressure readings, lab draws, or IV access in the affected arm
iv access	for 24 hours., Post-op
[] Limit movement in affected arm 6 hrs post	Routine, Until discontinued, Starting S
procedure	IF needed, place wrist on arm board to restrict movement., Post-op
Patient may ambulate 30 minutes after	Routine, Until discontinued, Starting S
arrival in recovery area.	Specify: Other activity (specify)
	Other: Patient may ambulate 30 minutes after arrival in recovery area.
	Post-op
Manual Pressure - without Radial Compression D	
 The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg. 	Routine, Until discontinued, Starting S, prior to sheath removal of a systolic blood if pressure >160mmHg., Post-op
Remove sheath	Routine, Once For 1 Occurrences
••	when ACT less than 160 or within physician specified parameters. Sheath
	may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[] The physician must be notified for any signs	Routine, Until discontinued, Starting S, for abnormal vital signs,
of complications.	uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[] Patient Education Prior to Sheath Removal an	
Discharge	
[] Patient education prior to post-sheath	Routine, Once, Starting S For 1 Occurrences
removal	Patient/Family: Patient
	Education for: Other (specify), Activity
	Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of
	warmth, moistness, swelling, numbness or pain at insertion site., Post-op
[] Patient education prior to discharge	Routine, Prior to discharge, Starting S
	Patient/Family: Patient
	Education for: Other (specify), Activity, Discharge, Smoking cessation
	counseling
	Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom
	reporting due to
	bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity
	and Limitations and site care., Post-op
[] Pre-Sheath Removal	
[] Vital signs prior to sheath removal	Routine, Every 15 min
	Vital signs prior to sheath removal - Obtain base line vital signs, include
	verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q
	1 hour x4, and Q4 x4 unless otherwise ordered by the physician.,
[] Assist nation to void	Post-op Routine, Once For 1 Occurrences
[] Assist patient to void	Assist patient to void prior to sheath removal., Post-op
[] Assess pre-sheath cath site	Routine, Once For 1 Occurrences
	Assess for signs and symptoms of hematoma or other vascular
	compromise distal to site on arrival unless otherwise ordered by the
	physician. If hematoma is present, mark on skin surface and complete hematoma.
	If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[] Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S
[] . Guerra de l'arrestorio de marterio i de mi pidoc	Patient transferred with Sheaths left in place., Post-op
	. s nanata man anadana lakin pidaan, i aat ap

[] Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[] Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[] Post-Sheath Removal	
[] Vital signs after sheath removal	Routine, Every 15 min Vital Signs after sheath removal - Obtain base line vital signs, include verified ACT. Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[] Notify physician of bleeding and/or loss of pulses.	Routine, Until discontinued, Starting S, Notify physician of bleeding and/or loss of pulses., Post-op
[] Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[] No blood pressure readings, lab draws, or IV access	Routine, Until discontinued, Starting S No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours., Post-op
[] Limit movement in affected arm 6 hrs post procedure and keep wrist straight for 48 hrs.	Routine, Until discontinued, Starting S, Post-op
[] Patient may ambulate 30 minutes after arrival in recovery area.	Routine, Until discontinued, Starting S Specify: Other activity (specify) Other: Patient may ambulate 30 minutes after arrival in recovery area. Post-op
Diet - Pre Sheath(s) Removal	
[] Diet Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? No IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Until sheath(s) removed., Post-op
Diet - Post Sheath(s) Removal (Single Response)	
(X) Diet - Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Heart Healthy Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
() Diet - Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op

() Diet - 1800 Kcal/202 gm Carbohydrate	Diet effective now, Starting S
	Diet(s): Other Diabetic/Cal
	Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
Diet - Post Sheath(s) Removal HMSJ	
Diet - Regular	Diet offective new Starting S
[] Diet - Regulai	Diet effective now, Starting S
	Diet(s): Regular
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
[] Diet - 1800 Carb Control Diabetic	Diet effective now, Starting S
	Diet(s): Other Diabetic/Cal
	Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
Diet - Heart Healthy	Diet effective now, Starting S
[] Diet - Heart Healthy	Diet errective now, Starting S Diet(s): Heart Healthy
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
[] Diet - Finger Foods	Diet effective now, Starting S
	Diet(s): Additional Instructions
	Additional Instructions: Finger Foods
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Post-op
Telemetry and IV	
[] Telemetry	"And" Linked Panel
[] Telemetry monitoring	Routine, Continuous
	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only
	(Telemetry Box)
	Reason for telemetry: Post-op catheter-based cardiac procedure
	Can be off of Telemetry for tests and baths? Yes
	Post-op
[] Telemetry Additional Setup Information	Routine, Continuous
	High Heart Rate (BPM): 120
	Low Heart Rate(BPM): 50
	High PVC's (per minute): 10
	High SBP(mmHg): 175
	Low SBP(mmHg): 100
	High DBP(mmHg): 95
	Low DBP(mmHg): 40
	Low Mean BP: 60
	High Mean BP: 120
	Low SPO2(%): 94
[] Saline lock IV	Post-op Poutine Continuous Post-op
• •	Routine, Continuous, Post-op
[] Maintain IV access Printed on 6/15/2021 at 8:18 AM from SUP	Routine, Until discontinued, Starting S, Post-op Page 11 of
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[] Discontinue IV	Routine, Once, Post-op
Hydration Protocol-Prevention of Cont	rast Induced Nephropathy
IV Fluids	
[] sodium chloride 0.9 % infusion	150 mL/hr, intravenous, continuous, Post-op
IV Hydration - Prevention of Contrast Induced Ne	phropathy (Single Response)
(X) Inpatient (Single Response)	
() Patients with EFLESS than 40% or with evidence of fluid overload	0.5 mL/kg/hr, intravenous, continuous, Post-op Infuse for 6 hours Post-Procedure
() Patients with EF GREATER than 40% or no evidence of fluid overload	1 mL/kg/hr, intravenous, continuous, Post-op Infuse for 6 hours Post-Procedure
Medications	
Analgesics - Mild Pain (Pain Score 1-3) (Single Re	esponse)
() acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, mild pain (score 1-3), Post-op
Analgesics - Moderate Pain (Pain Score 4-6) (Sing	gle Response)
() acetaminophen-codeine (TYLENOL #3) 300-30 n tablet	ng 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
() HYDROcodone-acetaminophen (NORCO) 5-325 tablet	
Analgesics - Severe Pain (Pain Score 7-10) (Singl	e Response)
() morphine 2 mg/mL injection	2 mg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed
Beta-Blockers (Single Response)	
() metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800, Post-op BP & HR HOLD parameters for this order: Contact Physician if:
() metoprolol succinate XL (TOPROL-XL) 24 hr tab	
() carvedilol (COREG) tablet	3.125 mg, oral, 2 times daily at 0600, 1800, Post-op BP & HR HOLD parameters for this order: Contact Physician if:
Nitrates	
[] nitroglycerin infusion	5-200 mcg/min, intravenous, continuous, Post-op
[] isosorbide mononitrate (ISMO,MONOKET) tablet	20 mg, oral, 2 times daily at 0900, 1600, Post-op Post-Op BP HOLD parameters for this order: Contact Physician if:
[] isosorbide mononitrate (IMDUR) 24 hr tablet	oral, daily, Post-op Post-Op BP HOLD parameters for this order: Contact Physician if:

[nitroglycerin (NITRODUR) 24 hr patch	transdermal, for 12 Hours, daily, Post-op Post-Op	
[nitroglycerin (NITROSTAT) 2% ointment	1 inch, Topical, every 6 hours scheduled, Post-op Post-Op, Apply to chest wall	
[nitroglycerin (NITROSTAT) SL tablet	0.4 mg, sublingual, every 5 min PRN, chest pain, For 3 Doses, Post-op Post-Op. Call provider after third dose.	
F	ntiplatelet Agents - ONE MUST BE SELECTED ((Single Response) (Selection Required)	
() Loading Dose Followed By Maintenance (Single Response)		
	() clopidogrel (PLAVIX) 300 mg Loading Dose foll		
	75 mg Maintenance Dose and aspirin EC 81 mg		
	[] clopidogrel (PLAVIX) Loading and Maintenand		
	[] Loading Dose - clopidogrel (PLAVIX) tablet	300 mg, oral, once, For 1 Doses, Post-op Loading Dose	
	[] Maintenance Dose - clopidogrel (PLAVIX) tablet	75 mg, oral, daily, Starting S+1, Post-op Maintenance Dose	
	[] aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op	
	() ticagrelor (BRILINTA) 180 mg Loading Dose fol		
	90 mg Maintenance Dose and aspirin EC 81 mg	•	
	[] ticagrelor (BRILANTA) Oral Loading and Main Doses	tenance "Followed by" Linked Panel	
	[] Loading Dose - ticagrelor (BRILINTA) tablet	180 mg, oral, once, For 1 Doses, Post-op Loading Dose	
	[] Maintenance Dose - ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily, Starting H+12 Hours, Post-op Maintenance Dose	
	aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op	
	() prasugrel (EFFIENT) 60 mg Loading Dose follo		
	10 mg Maintenance Dose and aspirin EC 81 mg (Selection Required)	g tablet	
	[] prasugrel (EFFIENT) Loading and Maintenand	ce Doses "Followed by" Linked Panel	
	Maintenance Dose Instructions:		
	Lower the dose to 5 mg for high risk patients (age GREATER than or EQUAL to 75 OR weight LESS than 60 kg)		
	[] Loading Dose - prasugrel (EFFIENT) tablet	60 mg, oral, once, For 1 Doses, Post-op Loading Dose	
	[] Maintenance Dose - prasugrel (EFFIENT) tablet	10 mg, oral, daily, Starting H+24 Hours, Post-op Maintenance Dose	
	[] aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op	
	[] ** DO NOT REMOVE ** Pharmacy Consult to	educate	
	patient on prasugrel (EFFIENT) (Selection Rec		
	[] Pharmacy Consult to educate patient on	STAT, Once For 1 Occurrences	
7	prasugrel (EFFIENT)) Maintenance Doses Only (Single Response)	Which drug do you need help dosing? prasugrel (EFFIENT)	
(() clopidogrel (PLAVIX) 75 mg Maintenance Dose	a and	
	aspirin EC 81 mg tablet - Start Tomorrow	e and	
	[] clopidogrel (PLAVIX) tablet	75 mg, oral, daily, Starting S+1, Post-op	
	aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op	
	() ticagrelor (BRILINTA) 90 mg Maintenance Dose		
	aspirin EC 81 mg tablet - Start 12 Hours from N	low	
	[] ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily, Starting H+12 Hours, Post-op	
	[] aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op	
	() prasugrel (EFFIENT) 10 mg Maintenance Dose aspirin EC 81 mg tablet - Start Tomorrow	e and	
	[] prasugrel (EFFIENT) tablet + consult (Selection Required)	on "And" Linked Panel	
	[] prasugrel (EFFIENT) tablet	10 mg, oral, daily, Starting S+1, Post-op	
	[] prasugrel (EFFIENT) consult	STAT, Once For 1 Occurrences	
		Which drug do you need help dosing? prasugrel (EFFIENT)	
	[1] aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op	

() Anti-Platelet Contraindication	Routine, Until discontinued, Starting S Reason for "No" order: Post-op	
Anti-Hyperlipidemic Agents (Single Response)		
() Moderate Intensity (Single Response)		
() atorvastatin (LIPITOR) tablet - Moderate Intensity	10 mg, oral, nightly, Post-op	
() atorvastatin (LIPITOR) tablet - Moderate Intensity	20 mg, oral, nightly, Post-op	
() rosuvastatin (CRESTOR) tablet - Moderate Intensity	10 mg, oral, nightly, Post-op	
() High Intensity (Single Response)		
() atorvastatin (LIPITOR) tablet - High Intensity	40 mg, oral, nightly, Post-op	
() atorvastatin (LIPITOR) tablet - High Intensity	80 mg, oral, nightly, Post-op	
() rosuvastatin (CRESTOR) tablet - High Intensity	20 mg, oral, nightly, Post-op	
GPIIb/IIIa Inhibitors		
[] eptifibatide (INTEGRILIN) 0.75 mg/mL infusion	2 mcg/kg/min, intravenous, continuous, Post-op	
[] bivalirudin (ANGIOMAX) 5 mg/mL in sodium chlows 50 mL infusion	ride 0.9 1.75 mg/kg/hr, intravenous, continuous, Post-op	
ACE/ARB Inhibitors		
[] enalaprilat (VASOTEC) injection	0.625 mg, intravenous, every 6 hours, Post-op BP HOLD parameters for this order: Contact Physician if:	
[] enalapril (VASOTEC) tablet	40 mg, oral, daily, Post-op BP HOLD parameters for this order: Contact Physician if:	
[] captopril (CAPOTEN) tablet	25 mg, oral, 3 times daily, Post-op BP HOLD parameters for this order: Contact Physician if:	
[] lisinopril (PRINIVIL,ZESTRIL) tablet	5 mg, oral, daily, Post-op BP HOLD parameters for this order: Contact Physician if:	
[] valsartan (DIOVAN) tablet	160 mg, oral, 2 times daily, Post-op BP HOLD parameters for this order:	
[1] Learning (0074AD) (else)	Contact Physician if:	
[] losartan (COZAAR) tablet	50 mg, oral, daily, Post-op BP HOLD parameters for this order: Contact Physician if:	
Anti-Anginal		
[] ranolazine (RANEXA) 12 hr tablet	500 mg, oral, 2 times daily, Post-op	
For Sheath(s) Pull Only - PRN	O E man interpressor area DDN facilities at the LECO II	on [[
[] atropine injection	0.5 mg, intravenous, once PRN, for heart rate LESS that beats per minute., Post-op	an 55
[] diazepam (VALIUM) injection	1 mg, intravenous, once PRN, sedation, Post-op Indication(s): Sedation	
[] MIDAZolam (VERSED) injection	1 mg, intravenous, once PRN, sedation, Post-op Indication(s): Sedation	
[] fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, once PRN, severe pain (score 7-1 sheath pull, Post-op	10),
[] morPHINE injection	1 mg, intravenous, once PRN, severe pain (score 7-10) sheath pull, Post-op),

Antiemetic
[X] ondans

Antiemetics	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Re	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op
[X] Oridansenor (2011XIV) 4 mg/2 mc mjection	Give if patient is UNable to tolerate oral medication OR if a faster onset of
	action is required.
[] promethazine (PHENERGAN) IV or Oral or Rect	al "Or" Linked Panel
[] promethazine (PHENERGAN) 12.5 mg in	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN,
sodium chloride 0.9 % 0.9 % 20 mL for	nausea, vomiting, Post-op
Alaris pump syringe option	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
	tolerate oral medication.
Anxiolytics (Single Response)	
() LORazepam (ATIVAN) tablet	0.5 mg, oral, every 4 hours PRN, anxiety, Post-op
	Indication(s): Anxiety
() ALPRAZolam (XANAX) tablet	0.25 mg, oral, every 8 hours PRN, anxiety, Post-op
	Indication(s): Anxiety
Insomnia: For Patients LESS than 70 years old (S	Single Response)
() zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
Insomnia: For Patients GREATER than 70 years of	old (Single Response)
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
Other Medications - PRN	
[] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Post-op
magnesium hydroxide suspension	30 mL, oral, 4 times daily PRN, indigestion, Post-op
[]g	55 ··· =, c····, ·· ····, ·····g·····, ·· ···
VTE	
DVT Risk and Prophylaxis Tool (Single Response	e) (Selection Required)
() Patient currently has an active order for therapeu	utic Routine, Once
anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is
	already on therapeutic anticoagulation for other indication.
	Therapy for the following:
	PACU & Post-op
() LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fa	actors
[] Low Risk (Single Response) (Selection Requi	red)
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	early ambulation
	PACU & Post-op
() MODERATE Risk of DVT - Surgical (Selection R	equired)

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 GRÉATER 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 -	
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic pro	
BUT order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s): Post-op
[] Place/Maintain sequential compression	Routine, Continuous, Post-op
device continuous	reduine, continuous, r ost op
 () Contraindications exist for pharmacologic pro AND mechanical prophylaxis 	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s): Post-op
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyasio	contraindication(s):
	Post-op
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
() 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
ord order than so men	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	Starting S+1, Post-op
	For Patient weight of 140 kg or GREATER and CrCl GREATER than 30
() fondanaring (ADIVIDA) injection	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op

() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op	
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS	
() LICDavia (na vois a) inication. For Dationta	than 50kg and age GREATER than 75yrs.	
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-op For patients with weight GREATER than 100 kg.	
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
Mechanical Prophylaxis (Single Response) (See Required)		
() Contraindications exist for mechanical	Routine, Once	
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s Post-op	
() Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op	
MODERATE Risk of DVT - Non-Surgical (Selecting Required)	on	
Moderate Risk Definition	Machanical prophylogia is antianal unless pharmacalogia is	
Pharmacologic prophylaxis must be addressed. I contraindicated.	Mechanical prophylaxis is optional unless pharmacologic is	
One or more of the following medical conditions:		
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous	
stroke, rheumatologic disease, sickle cell disease	e, 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 -	110 dame, 21100, 17100 d.1 00. op	
Non-Surgical Patient (Single Response) (Sele Required)	ction	
() Contraindications exist for pharmacologic pro Order Sequential compression device	phylaxis - "And" Linked Panel	
[] Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
	contraindication(s):	
	Post-op	
[] Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op	
 Contraindications exist for pharmacologic pro AND mechanical prophylaxis 	ophylaxis "And" Linked Panel	
[] Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
	contraindication(s):	
	Post-op	
[] Contraindications exist for mechanical	Routine, Once	
prophylaxis	No mechanical VTE prophylaxis due to the following	
	contraindication(s):	
	Post-op	
() enoxaparin (LOVENOX) injection (Single Res	· · · · · · · · · · · · · · · · · · ·	
(Selection Required)	•	
() enoxanarin (I OVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S, Post-on	

40 mg, subcutaneous, daily at 1700, Starting S, Post-op

() enoxaparin (LOVENOX) syringe

() 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
() fondaparinux (ARIXTRA) injection	mL/min 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.
HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op
) HIGH Risk of DVT - Surgical (Selection Required)	
High Rick 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

[] 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 Res (Selection Required)	sponse)
() 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,
	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 &
() heparin (porcine) injection	Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g.	Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Se	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
High Dick 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

[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once, PACU & Post-op	
[] High Risk Pharmacological Prophylaxis - Non-		
Patient (Single Response) (Selection Required	d)	
() Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
	contraindication(s):	
	PACU & Post-op	
() enoxaparin (LOVENOX) injection (Single Res) 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	

	30 mg, subcutaneous, 2 times daily, Starting S, Post-op For Patients weight between 100-139 kg 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
parinux (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):
n (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
n (porcine) injection (Recommended ients with high risk of bleeding, e.g. < 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.
	7,500 Units, subcutaneous, every 8 hours, Post-op
	For patients with weight GREATER than 100 kg.
n (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op
	Indication:
	STAT, Until discontinued, Starting S Indication:
. , , , , , , , , , , , , , , , , , , ,	iconori
•	Routine, Once
	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
	Routine, Continuous, PACU & Post-op
of DVT - Surgical (Hip/Knee) (Selection	1
macologic AND mechanical prophylaxis re of the following medical conditions: hilia (Factor V Leiden, prothrombin varia S deficiency; hyperhomocysteinemia; m cture of hip, pelvis or leg nal cord injury with paresis ajor traumas I or pelvic surgery for CANCER emic stroke	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
	nts weight between 100-139 kg AND GREATER than 30 mL/min Ints weight 140 kg or GREATER AND GREATER than 30 mL/min In (porcine) injection In (porcine) injection (Recommended ients with high risk of bleeding, e.g. In (porcine) injection - For Patients eight GREATER than 100 kg In (COUMADIN) tablet In (COUMADIN) In (COUMA

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respon (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
	Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, Post-op
() Apixaban and Pharmacy Consult (Selection F	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis

() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, Post-op
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL Starting S+1, Post-op
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, Post-op For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL Starting S+1, Post-op For Patients weight between 100-139 kg and CrCl GREATER than
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	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 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medica Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-o
 () 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-Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-o For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selectic Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
T Risk and Prophylaxis Tool (Single Response)
Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis	tic Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
LOW Risk of DVT (Selection Required)	· · · · · · · · · · · · · · · · · ·
Low Risk Definition	ctors

() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
	PACU & Post-op
/) MODEDATE District DVC Occursion I/O stanting De-	

() 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 GRÉATER 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	Pouting Once DACIL® Post on
.,	Routine, Once, PACU & Post-op
 Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required) 	
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op
Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, Post-op
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, Post-op For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, Post-op For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g.	Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS
	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-op
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response) (S	Selection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s
propriyiaxis	
() 51 (51)	Post-op
() Place/Maintain sequential compression	Routine, Continuous, Post-op
device continuous	
MODERATE Risk of DVT - Non-Surgical (Selection	tion
Required)	
Moderate Risk Definition	
	Machanical prophyloxic is antianal unless pharmacologic is
	Mechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions	
CHE MI lung disease projumonia active inflam	anatian dalametan menjaga majarah anggaran anggaran dalamin menjama
CHILLIVII. IVII. IVIIU UISEASE. DHEUHIOHIA. ACHVE HIHAH	imation, denvaration, varicose veins, cancer, sepsis, opesity, previous
	nmation, dehydration, varicose veins, cancer, sepsis, obesity, previous
stroke, rheumatologic disease, sickle cell diseas	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
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stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
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stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho 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 Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Sele Required) () Contraindications exist for pharmacologic product Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op Cection Ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op Routine, Continuous, Post-op Ophylaxis "And" Linked Panel Routine, Continuous, Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op Routine, Once

() 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	30 mg, subcutaneous, 2 times daily, Starting S, Post-op
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S, Post-op
CrCl GREATER than 30 mL/min	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	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Post-op
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response) (Se	lection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
	Post-op
() Place/Maintain sequential compression	Routine, Continuous, Post-op
device continuous	·
HIGH Risk of DVT - Surgical (Selection Required)	
Himb Dials 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

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Surg	ical Patient
(Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	sponse)
(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,
	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 &
() heparin (porcine) injection	Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g.	Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Se	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
High Dick 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

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-	Surgical
Patient (Single Response) (Selection Required	d)
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	sponse)
(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.
$\overline{()}$	HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Post-op
	with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[]	Mechanical Prophylaxis (Single Response) (Sel Required)	
()	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
()	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
	GH Risk of DVT - Surgical (Hip/Knee) (Selection equired)	1
Bo Or Th or Se Au Au Ab	gh Risk Definition oth pharmacologic AND mechanical prophylaxis ne or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m evere fracture of hip, pelvis or leg acute spinal cord injury with paresis ultiple major traumas odominal or pelvic surgery for CANCER extet ischemic stroke story of PE	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip of	
(Arthroplasty) Surgical Patient (Single Respons	se)
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, Post-op
() Apixaban and Pharmacy Consult (Selection F	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, Post-op
	Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis

() enoxaparin (LOVENOX) injection (Single Res	ponse)
(Selection Required)	40 mm and and an array deliberat 0000 Otantian Old Deat an
() enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, Post-op 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
	Starting S+1, Post-op
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, Post-op For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	Starting S+1, Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 140 kg or GREATER and CrCl GREATER than 30	Starting S+1, Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min () fondaparinux (ARIXTRA) injection	mL/min 2.5 mg, subcutaneous, daily, Starting S+1, Post-op
() Totalpaintax (ARIX TRA) injection	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() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, Post-op
with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection	For patients with weight GREATER than 100 kg.
Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
 () Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
Labs	
abs in 4 hours	
X] Creatinine level	Once, Starting H+4 Hours For 1 Occurrences In 4 Hours, Post-op
] Basic metabolic panel	Once, Starting H+4 Hours For 1 Occurrences In 4 Hours, Post-op
] CBC with differential	Once, Starting H+4 Hours For 1 Occurrences In 4 Hours, Post-op
] Prothrombin time with INR	Once, Starting H+4 Hours In 4 Hours, Post-op
] Troponin	Now then every 3 hours, Starting H+4 Hours For 3 Occurrences In 4 Hours., Post-op

	AM draw For 1 Occurrences, Post-op
Basic metabolic panel CBC with differential	AM draw For 1 Occurrences, Post-op AM draw For 1 Occurrences, Post-op
Prothrombin time with INR	AM draw For 1 Occurrences, Post-op
Troponin I	AM draw For 1 Occurrences, Post-op
] Lipid panel	AM draw For 1 Occurrences, Post-op
Other Studies	
ECG	
[X] ECG Pre/Post Op (PRN)	Routine, Conditional Frequency, Starting S For 6 Occurrenc Clinical Indications: Chest Pain Interpreting Physician: Post-op
[X] ECG Pre/Post Op (in AM)	Routine, Once Clinical Indications: Post-Op Surgery Interpreting Physician: In AM, ordering cardiologist to interpret EKG, Post-op
[] ECG Pre/Post Op (STAT)	STAT, Once Clinical Indications: Post-Op Surgery Interpreting Physician: Ordering cardiologist to interpret EKG, Post-op
[] ECG 12 lead	Routine, Every 4 hours For 2 Occurrences Clinical Indications: Interpreting Physician: Post-op
Echo	
[] Transthoracic Echocardiogram Complete, (w Contrast, Strain and 3D if needed)	Routine, 1 time imaging, Starting S at 1:00 AM, Post-op
Consults	
Cardiac Rehabilitation Phase I HMH HMWB Please unselect if patient does not meet requirements for 0	Cardiac Rehab Phase I
Cardiac Rehabilitation Phase I HMH HMWB Please unselect if patient does not meet requirements for 0	Cardiac Rehab Phase I Routine, Once Clinical Indications: PCI Post-op
Cardiac Rehabilitation Phase I HMH HMWB Please unselect if patient does not meet requirements for C [X] Consult to Cardiac Rehab Phase 1 Referral to Cardiac Rehabilitation Phase II (Single Respe	Routine, Once Clinical Indications: PCI Post-op onse) (Selection Required) Referral to Cardiac Rehab Phase II and select the order: "The
Cardiac Rehabilitation Phase I HMH HMWB Please unselect if patient does not meet requirements for C [X] Consult to Cardiac Rehab Phase 1 Referral to Cardiac Rehabilitation Phase II (Single Responses unselect if patient does not meet requirements for F patient will not be referred to cardiac rehab due to:" (a reas	Routine, Once Clinical Indications: PCI Post-op onse) (Selection Required) Referral to Cardiac Rehab Phase II and select the order: "The son is required on this order). Internal Referral, Scheduling/ADT Patient's Phone Number:
Cardiac Rehabilitation Phase I HMH HMWB Please unselect if patient does not meet requirements for C [X] Consult to Cardiac Rehab Phase 1 Referral to Cardiac Rehabilitation Phase II (Single Responses unselect if patient does not meet requirements for F	Routine, Once Clinical Indications: PCI Post-op onse) (Selection Required) Referral to Cardiac Rehab Phase II and select the order: "The son is required on this order). Internal Referral, Scheduling/ADT