Mini-Maze Post-Op ICU [4113]

General	
Common Present on Admission Diagnosis	
] Acidosis	Post-op
Acute Post-Hemorrhagic Anemia	Post-op
Acute Renal Failure	Post-op
Acute Respiratory Failure	Post-op
Acute Thromboembolism of Deep Veins of Lower	Post-op
Extremities	. 00. op
] Anemia	Post-op
] Bacteremia	Post-op
Bipolar disorder, unspecified	Post-op
] Cardiac Arrest	Post-op
] Cardiac Dysrhythmia	Post-op
] Cardiogenic Shock	Post-op
] Decubitus Ulcer	Post-op
] Dementia in Conditions Classified Elsewhere	Post-op
] Disorder of Liver	Post-op
] Electrolyte and Fluid Disorder	Post-op
Intestinal Infection due to Clostridium Difficile	Post-op
Methicillin Resistant Staphylococcus Aureus Infection	Post-op
Obstructive Chronic Bronchitis with Exacerbation	Post-op
Other Alteration of Consciousness	Post-op
Other and Unspecified Coagulation Defects	Post-op
Other Pulmonary Embolism and Infarction	Post-op
Phlebitis and Thrombophlebitis	Post-op
Protein-calorie Malnutrition	Post-op
Psychosis, unspecified psychosis type	Post-op
Schizophrenia Disorder	Post-op
] Sepsis	Post-op
Septic Shock	Post-op
Septicemia	Post-op
Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
	Post-op
] Urinary Tract Infection, Site Not Specified	·
] Urinary Tract Infection, Site Not Specified Elective Outpatient, Observation, or Admission (Single	Response)
 Urinary Tract Infection, Site Not Specified Elective Outpatient, Observation, or Admission (Single) Elective outpatient procedure: Discharge following 	·
 Urinary Tract Infection, Site Not Specified Elective Outpatient, Observation, or Admission (Single) Elective outpatient procedure: Discharge following routine recovery 	Response) Routine, Continuous, PACU & Post-op
 Urinary Tract Infection, Site Not Specified Elective Outpatient, Observation, or Admission (Single) Elective outpatient procedure: Discharge following routine recovery Outpatient observation services under general 	Response) Routine, Continuous, PACU & Post-op Admitting Physician:
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 Urinary Tract Infection, Site Not Specified Elective Outpatient, Observation, or Admission (Single) Elective outpatient procedure: Discharge following routine recovery Outpatient observation services under general supervision Outpatient in a bed - extended recovery 	Routine, Continuous, PACU & Post-op Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op Admitting Physician: Bed request comments:
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Admission or Observation (Single Response)

Patient has active outpatient status order on file	
() 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
() 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
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Admission (Single Response) Patient has active status order on file	
() Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Transfer (Single Response) Patient has active inpatient status order on file	
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Code Status	
[] Full Code	Code Status decision reached by: Post-op
DNR (Do Not Resuscitate) (Selection Required) DNR (Do Not Resuscitate)	Does patient have decision-making capacity? Post-op
[] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[] Consult to Social Work	Reason for Consult: Post-op

[] Modified Code	Does patient have decision-making capacity? Modified Code restrictions: Post-op
[] Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum, Post-op
[] Contact isolation status	Details
[] Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Post-op
[] Fall precautions	Increased observation level needed: Post-op
[] Latex precautions	Post-op
[] Seizure precautions	Increased observation level needed:
	Post-op
Nursing	
Vital Signs	
[X] Vital signs - T/P/R/BP	Routine, Per unit protocol, Post-op
[X] Hemodynamic Monitoring	Routine, Continuous Measure: Arterial Line MAP,Arterial Line BP Post-op
Activity	
[X] Dangle at bedside	Routine, Once Begin on POD 0, Post-op
[X] Out of bed	Routine, Until discontinued, Starting S Specify: Out of bed,Up in chair Additional modifier: for meals Chair x 3 daily, Post-op
[X] Ambulate	Routine, 4 times daily Specify: in hall, with assistance If needed, Post-op
Nursing	
[X] Daily weights	Routine, Daily Weigh patient at 0800 Daily, Post-op
[X] Head of bed	Routine, Until discontinued, Starting S Head of bed: other degrees (specify) Specify: 35 Post-op
[X] Neurological assessment	Routine, Every hour, Starting S Assessment to Perform: Cranial Nerves, Glasgow Coma Scale, Level of Consciousness, Level of Sedation, Pupils Post-op
[X] Site care	Routine, Per unit protocol Site: epicardial pacing wire site Post-op
[X] Apply warming blanket (bair hugger)	Routine, Once For 1 Occurrences To achieve body temperature of 98.6 F, Post-op

[X] Foley catheter care	Routine, 2 times daily Orders: Maintain
[X] Chest tube to continuous suction	Clean with CHG cloths, Post-op Routine, Until discontinued, Starting S Level of suction: 20 cm H2O
	Post-op
[X] Tube site care (chest tube)	Routine, Per unit protocol
[A] Tube die dale (diest tube)	Chest tube site care daily and prn per protocol, Post-op
[X] Oral care	Routine, 2 times daily
[]	Every 12 hours Per CVICU protocol. Toothbrush every 12
	hours, Post-op
[X] Bedside glucose	Routine, Every hour For Until specified
	(Q1 hour x 6) ONLY IF HISTORY OF DIABETES Routine,
	Every hour For Until specified Monitor every hour for first 6
	hours then change to every 4 hours if not started on an insulin
	drip; Notify physician for blood glucose less than 70 mg/dL OR
	blood glucose greater than 300 mg / dL, Post-op
[X] Pacemaker settings	Routine, Until discontinued, Starting S
	Atrial Setting (MA):
	Ventrical Setting (MA):
	Sensitivity Setting (millivolts):
	AV Interval (milliseconds):
	Options:
	Post-op
[X] If rhythm changes to arterial fibrillation and hemodynamics are stable, physician call not required	Routine, Once, Post-op
[X] If patient is being externally paced, have monitor set to detect/capture pacing spikes	Routine, Once, Post-op
[X] Apply Bacitracin ointment to chest tube sites and cover with 2x2s	Routine, Once, Post-op
[X] For chest tube removal	Routine, Once
	Please have the following supplies at bedside: bacitracin ointment, 2x2s gauze, suture removal kit and wide tape, Post-op
Discontinue	
[X] Discontinue arterial line	Routine, Conditional Frequency For 1 Occurrences
	Before transfer out of ICU; if arterial line not already
	discontinued, Post-op
[X] Foley catheter - discontinue	Routine, Conditional Frequency For 1 Occurrences
	1) Remove Foley cath POD 1 or POD 2; If unable to remove
	Foley reason for not removing MUST be documented on POD
	1 or POD 2. , Post-op
[] Discontinue Pacemaker Generator and Insulate Pacer Wires	Routine, Conditional Frequency For 1 Occurrences Before transfer out of ICU; if not already discontinued. , Post-op
Notify	
[X] Notify Physician for vitals:	Routine, Until discontinued, Starting S
	Temperature greater than: 102.5
	Temperature less than: 95
	Systolic BP greater than: 180
	Systolic BP less than: 80
	Diastolic BP greater than:
	Diastolic BP less than:
	MAP less than: 55
	Heart rate greater than (BPM): 120
	Heart rate less than (BPM): 40
	Respiratory rate greater than: 30
	Respiratory rate less than:
	SpO2 less than: 90

[X] Notify Physician - for chest output greater than 200 mililiters/hour	Routine, Until discontinued, Starting S, for chest output greater than 200 mililiters/hour, Post-op
[X] Notify Physician - for urine output LESS THAN 160 ml/ 8 hour shift or less then 240 mL per 12 hour shift	Routine, Until discontinued, Starting S, for urine output LESTHAN 160 ml/8 hour shift or less then 240 mL per 12 hour shift, Post-op
Diet	
[X] Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
[] Prune Juice or Prunes	Routine, Until discontinued, Starting S Give with breakfast daily starting post op day 2, Post-op
Medications	
PostOp Antibiotics: For Patients LESS than or EQUAL to	120 kg (Single Response)
(X) ceFAZolin (ANCEF) IV 1g	1 g, intravenous, every 8 hours, For 2 Doses, Post-op Reason for Therapy: Surgical Prophylaxis
() If Beta-Lactam Allergic - vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Post-op Administer 12 hours after procedure Reason for Therapy: Surgical Prophylaxis
ACE Inhibitors (Single Response)	
() captopril (CAPOTEN) tablet	25 mg, oral, 3 times daily, Post-op Consult MD before administering if urine output less than 0.8 mL/kg/hour and creatinine greater than 1.3. BP & HR HOLD parameters for this order: Hold Parameters requested BP & HR HOLD for: Other Please specify: 90 HOLD for Heart Rate LESS than:
() analog vil () (A COTE C) to blot	Contact Physician if:
() enalapril (VASOTEC) tablet	2.5 mg, oral, 2 times daily, Post-op Consult MD before administering if urine output less than 0.3 mL/kg/hr and creatinine greater than 1.3. BP & HR HOLD parameters for this order: Hold Parameters requested BP & HR HOLD for: Other Please specify: 90 HOLD for Heart Rate LESS than: Contact Physician if:
() lisinopril (PRINIVIL,ZESTRIL) tablet	5 mg, oral, daily, Post-op Consult MD before administering if urine output less than 0.5 mL/kg/hr and creatinine greater than 1.3. BP & HR HOLD parameters for this order: Hold Parameters requested BP & HR HOLD for: Other Please specify: 90 mmHg HOLD for Heart Rate LESS than: Contact Physician if:
amIODarone (CORDARONE) 24-hr Infusions HARD-Stop (Single Response)
() Loading Dose and Maintenance Infusion (Single Response)	
Select Standard or Double concentration	

if infusion duration is GREATER than 24 hours. O.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses, Post-op HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours. Do not take down 1st infusion until entire content of bag is infused. [] amiODarone 1.8 mg/mL (STANDARD concentration) infusion - 2nd bag [] CENTRAL Line Administration: amiODarone (CORDArone) 150 mg LOADING Dose followed by STANDARD concentration 24-hour Infusion for Atrial Fibrillation-HMWB ONLY [] amiODarone (CORDArone) 150 mg BOLUS [] amiODarone 1.8 mg/mL (STANDARD concentration 24-hour Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours. [] amiODarone (CORDArone) 150 mg BOLUS [] amiODarone 1.8 mg/mL (STANDARD concentration) infusion [] amiODarone 1.8 mg/mL (STANDARD concentration) infusion - 2nd bag [] amiODarone 1.8 mg/mL (STANDARD concentration) infusion - 2nd bag [] amiODarone 1.8 mg/mL (STANDARD concentration) infusion - 2nd bag [] amiODarone (CORDArone) 150 mg BOLUS [] amiODarone (CORDArone) 1	[] CENTRAL Line Administration: amlODarone (CORDArone) 150 mg LOADING Dose follow STANDARD concentration 24-hour Infusion for	
Patients should be monitored for OTc prolongation. I am/INDarone 1.8 mg/mL (STANDARD concentration) infusion I mg/min, intravenous, continuous, Starting H+10 Minutes, Post-op Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. HAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours. [] REDUCE rate for amIODarone (CORDArone) 450 mg/ 250 mL NS [] amIODarone 1.8 mg/mL (STANDARD concentration) infusion - 2nd bag [] amIODarone 1.8 mg/mL (STANDARD concentration) infusion - 2nd bag [] amIODarone 1.8 mg/mL (STANDARD concentration) and the provided by STANDARD concentration 24-hour Infusion for Atrial Fibrillation—10 mg/ 10		
Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours. Descriped to 1.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses, Post-op-HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours. Do not take down 1st infusion until entire content of bag is infused. [] amIODarone 1.8 mg/mL (STANDARD concentration) infusion - 2nd bag [] CENTRAL Line Administration: amIODarone (CORDArone) 150 mg LOADING Dose followed by STANDARD concentration) 24-hour Infusion for heart rate LESS THAN 80 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours. [] amIODarone 1.8 mg/mL (STANDARD concentration) 4-hour insion for Amial Fibrillation-HMM9 ONLY [] amIODarone (CORDArone) 150 mg BOLUS 150 mg, intravenous, once, Starting S, For 1 Doses Patients should be monitored for QTc prolongation. [] amIODarone (CORDArone) 150 mg BOLUS 150 mg, intravenous, once, Starting S, For 1 Doses Patients should be monitored for QTc prolongation. [] REDUCE rate for amIODarone (CORDArone) infusion for heart rate LESS THAN 80 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER than 24 hours. [] amIODarone (Some Mg/mL (STANDARD concentration) infusion 0-10 mg/mL (STANDARD concentration) infusion 0-20 mg/mL (STA	[] amlODarone (CORDArone) 150 mg BOLUS	• • • • • • • • • • • • • • • • • • •
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concentration) infusion - 2nd bag HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours. Double CENTRAL Line Administration: amlODarone (CORDArone) 150 mg LOADING Dose followed by DOUBLE concentration 24-hour Infusion for Atrial Fibrillation amlODarone (CORDArone) 150 mg BOLUS amlODarone (CORDArone) 150 mg BOLUS Third infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire content of bag is infused. Maintenance Infusion (Single Response)		HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours. Do not take down 1st
[] CENTRAL Line Administration: amIODarone (CORDArone) 150 mg LOADING Dose followed by DOUBLE concentration 24-hour Infusion for Atrial Fibrillation [] amIODarone (CORDArone) 150 mg BOLUS [] amIODarone (CORDArone) 900 mg/250 mL NS [] amIODarone (CORDArone) 900 mg/250 mL NS [] REDUCE rate for amIODarone (CORDArone) 900 mg/250 mCORDArone) 900 mg/250 mL NS [] REDUCE rate for amIODarone (CORDArone) 900 mg/250 mL infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. [] REDUCE rate for amIODarone (CORDArone) 900 mg/250 mL infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. [] REDUCE rate for amIODarone (CORDArone) 900 mg/250 mL infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire content of bag is infused. [] Maintenance Infusion (Single Response)		HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if
[] CENTRAL Line Administration: amIODarone (CORDArone) 150 mg LOADING Dose followed by DOUBLE concentration 24-hour Infusion for Atrial Fibrillation [] amIODarone (CORDArone) 150 mg BOLUS [] amIODarone (CORDArone) 900 mg/250 mL NS [] amIODarone (CORDArone) 900 mg/250 mL NS [] REDUCE rate for amIODarone (CORDArone) 900 mg/250 mCORDArone) 900 mg/250 mL NS [] REDUCE rate for amIODarone (CORDArone) 900 mg/250 mL infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. [] REDUCE rate for amIODarone (CORDArone) 900 mg/250 mL infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. [] REDUCE rate for amIODarone (CORDArone) 900 mg/250 mL infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire content of bag is infused. [] Maintenance Infusion (Single Response)) Double	
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mL NS Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. [] REDUCE rate for amIODarone (CORDArone) 900 mg/ 250 mL infusion O.5 mg/min, intravenous, continuous, Starting H+6 Hours, Post-op Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infuson for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire content of bag is infused. Maintenance Infusion (Single Response)	[] amlODarone (CORDArone) 150 mg BOLUS	
(CORDArone) 900 mg/ 250 mL infusion Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infuson for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire content of bag is infused. Maintenance Infusion (Single Response)		Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line.
Maintenance Infusion (Single Response)		Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infuson for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire
	Maintenance Infusion (Single Response)	

[] NO LOADING DOSE - Central Line Administra amIODarone (CORDArone) STANDARD conce 24-hour Infusion for Atrial Fibrillation - NOT HM	ntration
[] amIODarone 1.8 mg/mL (STANDARD concentration) infusion	1 mg/min, intravenous, continuous, Post-op Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line.
[] REDUCE rate for amIODarone (CORDArone) 450 mg/ 250 mL NS	0.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses, Post-op Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours. Do not take down 1st infusion until entire content of bag is infused.
[] amIODarone 1.8 mg/mL (STANDARD concentration) infusion - 2nd bag	0.5 mg/min, intravenous, continuous, Starting H+8 Hours, Post-op HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours.
[] NO LOADING DOSE - Central Line Administra	•
amIODarone (CORDArone) STANDARD conce 24-hour Infusion for Atrial Fibrillation - HMWB C	
[] amIODarone 1.8 mg/mL (STANDARD concentration) infusion	1 mg/min, intravenous, continuous Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours.
[] REDUCE rate for amIODarone (CORDArone) 360 mg/ 200 mL NS	0.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours. Do not take down 1st infusion until entire content of bag is infused.
[] amlODarone 1.8 mg/mL (STANDARD concentration) infusion - 2nd bag	0.5 mg/min, intravenous, continuous, Starting H+8 Hours HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours.
() Double (Single Response)	
() NO LOADING DOSE - Central Line Administrat amlODarone (CORDArone) Double Concentrati 24-hour Infusion for Atrial Fibrillation	
[] amlODarone (CORDArone) 900 mg/250 mL NS	1 mg/min, intravenous, continuous, Post-op Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours.
[] REDUCE rate for amIODarone (CORDArone) 900 mg/250 mL NS	0.5 mg/min, intravenous, continuous, Starting H+6 Hours, Post-op Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infuson for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire content of bag is infused.
amIODarone (PACErone) tablet You MUST be sure the oral tablet order is set to start time of the INITIAL infusion order above.	TOMORROW with the start time set to 24 hours AFTER the start
[] amlODarone (PACERONE) tablet **** You MUST CHANGE the START DATE to TOMORROW and s Start TIME to be 24 hours after the Start Time of the Infusion	

Infusion

Beta Blockers (Single Response)	
() metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800, Starting S+1, Post-op DO NOT administer if patient is on inotrope, vasopressor or has epicardial pacing BP & HR HOLD parameters for this order: Hold Parameters requested BP & HR HOLD for: 110 mmHg HOLD for Heart Rate LESS than: Other Other Heart Rate (in bpm): 60 Contact Physician if:
() carvedilol (COREG) tablet	3.125 mg, oral, 2 times daily at 0600, 1800, Starting S+1, Post-op DO NOT administer if heart rate is less than 60; systolic blood pressure is less than 110; on inotrope, vasopressor or has epicardial pacing BP & HR HOLD parameters for this order: Hold Parameters requested BP & HR HOLD for: 110 mmHg HOLD for: Contact Physician if:
colchicine	
[] colchicine tablet FOR DIABETIC ONLY	0.6 mg, oral, daily, Post-op For prevention of atrial fibrillation post cardiac surgery. Call provider for diarrhea.
furosemide (LASIX) Oral or IV (Single Response)	
(X) furosemide (LASIX) tablet	20 mg, oral, daily, Starting S If unable to swallow oral tablets, discontinue and change to IV daily.
() furosemide (LASIX) IV predniSONE oral taper	20 mg, intravenous, daily
[] predniSONE oral taper	"Followed by" Linked Panel
[] predniSONE (DELTASONE) tablet 15 mg BID	15 mg, oral, 2 times daily, For 6 Doses, Post-op
[] predniSONE (DELTASONE) tablet 10 mg	10 mg, oral, 2 times daily, For 6 Doses, Post-op
[] predniSONE (DELTASONE) tablet 10 mg daily	10 mg, oral, daily, For 3 Doses, Post-op
Respiratory Medications	
[] Scheduled	
[] Scheduled - albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, Respiratory Therapy - every 6 hours, Post-op Aerosol Delivery Device: Hand-Held Nebulizer
[] Scheduled - ipratropium (ATROVENT) 0.02 % nebulizer solution [] PRN	0.5 mg, nebulization, Respiratory Therapy - every 6 hours, Post-op Aerosol Delivery Device: Hand-Held Nebulizer
[] PRN - albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 6 hours PRN, wheezing, Post-op Aerosol Delivery Device: Hand-Held Nebulizer
[] PRN - ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, every 6 hours PRN, wheezing, Post-op Aerosol Delivery Device: Hand-Held Nebulizer
Multimodal Pain Management	
[X] pregabalin (LYRICA) capsule	100 mg, oral, 2 times daily
[X] dexMEDEtomidine (PRECEDEX) infusion	·

() famotidine (PEPCID) injection	20 mg, intravenous, 2 times daily, Post-op
PUD Prophylaxis (Single Response)	
[X] morPHINE injection	2 mg, intravenous, every 1 hour prn, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed.
[X] HYDROcodone-acetaminophen (NORCO) 10-325 per tablet	Post-op Total Tylenol/ acetaminophen dose (which includes, IV, PO or combination i.e. Norco, APAP etc)
Breakthrough Pain	
	Maximum 120mg/day in adults more than 50kg. Maximum 60mg/day in adults less than 50kg.
[X] ketorolac (TORADOL) injection	adults less than 50kg. 15 mg, intravenous, every 6 hours, Starting H+6 Hours, For 3 Doses, Post-op
[X] ketorolac (TORADOL) injection	30 mg, intravenous, once, For 1 Doses, Post-op Maximum 120mg/day in adults more than 50kg. Maximum 60mg/day in
[X] keTOROlac (TORadol) IV	May alternate with Tylenol 500 mg every 3 hours. "Followed by" Linked Panel
[X] ibuprofen (ADVIL) tablet	Starting H+6 Hours, Post-op May alternate with ibuprofen 400 mg oral every 3 hours. Total Tylenol/ acetaminophen dose (which includes, IV, PO or combination i.e. Norco, APAP etc) 400 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
[X] acetaminophen (TYLENOL) tablet	this restriction has been met? 500 mg, oral, every 6 hours PRN, moderate pain (score 4-6),
	IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that
	Doses, Post-op Total Tylenol/ acetaminophen dose (which includes, IV, PO or combination i.e. Norco, APAP etc)
[X] acetaminophen (OFIRMEV) intravenous solution	mcg/kg/hour. Reassess RASS within one hour. 1,000 mg, intravenous, for 15 Minutes, every 6 hours, For 1
	within 4 hours GREATER than desired sedation effect: DECREASE rate by 0.1
	RASS within 1 hour. DESIRED sedation effect: Continue the same rate. Reassess sedation
	need to be modified to the ICU sedation order to include titration parameters and dose range. Discontinue Dexmedetomidine (Precedex) Ninfusion after extubation. Discontinue on postoperative day 1. Reassess
[7] SOMMEDERATION (FREDEDEN) INICION	Titrate for postoperative pain in increments of 0.1 mcg/kg/hr up to maximum dose of 0.6 mcg/kg/hr. If needed for sedation, this order will
[X] dexMEDEtomidine (PRECEDEX) infusion	RR greater than 38 breaths/min SpO2 less than 88% 0.2 mcg/kg/hr, intravenous, continuous, Post-op
	Development of acute distress HR greater than 120 bpm
	If RASS is 0 or -1 continue current regimen Restart sedation protocol if any of the following occur MAP less than 50mmHg or greater than 120mmHg
	If RASS -2 to -5, hold sedation and reassess every 30 minutes until RASS -1, then restart infusion at ½ the previous rate and titrate per protocol
	BIS Monitoring (Target BIS: 40-60): Reassess RASS at least Every 4 Hours
	Reason sedation not held. Patient on: Target RASS: -1
[X] Richmond agitation sedation scale	Routine, Per unit protocol Hold infusion daily at: Do not hold sedation

) pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily before breakfast, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
owel Care	
Scheduled	
[X] Scheduled: polyethylene glycol (MIRALAX) packet - POD #1	17 g, oral, daily, Starting S+1, Post-op
[X] Docusate - Oral OR Nasogastric	"Or" Linked Panel
[X] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily, Post-op Give if patient can tolerate oral medication
[X] docusate (COLACE) 50 mg/5 mL liquid	100 mg, oral, 2 times daily, Post-op Give if patient has a nasogastric tube
[] polyethylene glycol (MIRALAX) packet - start today	17 g, oral, daily, Post-op
PRN	
[] As Needed: polyethylene glycol (MIRALAX) packet	17 g, oral, daily PRN, constipation, Post-op RN may use second option based on the patient response to the first option attempted.
[] As Needed: Docusate - Oral OR Nasogastric	<u> </u>
[] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Post-op RN may use second option based on the patient response to the first option attempted.
[] docusate (COLACE) 50 mg/5 mL liquid	100 mg, oral, 2 times daily PRN, constipation, Post-op RN may use second option based on the patient response to the first option attempted. Use if cannot swallow capsule.
[] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, 2 times daily PRN, constipation, Post-op AS NEEDED AFTER FIRST BM
7.1	
TE	10 mg, rectal, daily PRN, constipation, Post-op FOR RECTAL USE ONLY. AS NEEDED TO MAINTAIN 3 BOWEL MOVEMENTS PER WEEK. DO NOT GIVE IF DIARRHEA NOTED. Administer if patient has not had a BM in 24 hours after oral therapy
TE	FOR RECTAL USE ONLY. AS NEEDED TO MAINTAIN 3 BOWEL MOVEMENTS PER WEEK. DO NOT GIVE IF DIARRHEA NOTED. Administer if patient has not had a BM in 24 hours after oral therapy
TE TRISK and Prophylaxis Tool (Single Response) Patient currently has an active order for therapeuranticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)	FOR RECTAL USE ONLY. AS NEEDED TO MAINTAIN 3 BOWEL MOVEMENTS PER WEEK. DO NOT GIVE IF DIARRHEA NOTED. Administer if patient has not had a BM in 24 hours after oral therapy (Selection Required) URL: "\appt1.pdf" tic fication
TE TRisk and Prophylaxis Tool (Single Response Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (FOR RECTAL USE ONLY. AS NEEDED TO MAINTAIN 3 BOWEL MOVEMENTS PER WEEK. DO NOT GIVE IF DIARRHEA NOTED. Administer if patient has not had a BM in 24 hours after oral therapy () (Selection Required) URL: "\appt1.pdf" tic fication e order for "And" Linked Panel
TE TRISK and Prophylaxis Tool (Single Response) Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active	FOR RECTAL USE ONLY. AS NEEDED TO MAINTAIN 3 BOWEL MOVEMENTS PER WEEK. DO NOT GIVE IF DIARRHEA NOTED. Administer if patient has not had a BM in 24 hours after oral therapy () (Selection Required) URL: "\appt1.pdf" tic fication e order for "And" Linked Panel
TE TRisk and Prophylaxis Tool (Single Response) Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required)	FOR RECTAL USE ONLY. AS NEEDED TO MAINTAIN 3 BOWEL MOVEMENTS PER WEEK. DO NOT GIVE IF DIARRHEA NOTED. Administer if patient has not had a BM in 24 hours after oral therapy () (Selection Required) URL: "\appt1.pdf" tic fication e order for Selection "And" Linked Panel
TE /T Risk and Prophylaxis Tool (Single Response Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) [] Moderate risk of VTE	FOR RECTAL USE ONLY. AS NEEDED TO MAINTAIN 3 BOWEL MOVEMENTS PER WEEK. DO NOT GIVE IF DIARRHEA NOTED. Administer if patient has not had a BM in 24 hours after oral therapy () (Selection Required) URL: "\appt1.pdf" tic fication e order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	FOR RECTAL USE ONLY. AS NEEDED TO MAINTAIN 3 BOWEL MOVEMENTS PER WEEK. DO NOT GIVE IF DIARRHEA NOTED. Administer if patient has not had a BM in 24 hours after oral therapy () (Selection Required) URL: "\appt1.pdf" tic fication Forder for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op er for "And" Linked Panel
Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) [] High risk of VTE	FOR RECTAL USE ONLY. AS NEEDED TO MAINTAIN 3 BOWEL MOVEMENTS PER WEEK. DO NOT GIVE IF DIARRHEA NOTED. Administer if patient has not had a BM in 24 hours after oral therapy (a) (Selection Required) URL: "\appt1.pdf" tic fication For order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op er for "And" Linked Panel Selection Routine, Once, PACU & Post-op
Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required)	FOR RECTAL USE ONLY. AS NEEDED TO MAINTAIN 3 BOWEL MOVEMENTS PER WEEK. DO NOT GIVE IF DIARRHEA NOTED. Administer if patient has not had a BM in 24 hours after oral therapy (Selection Required) URL: "\appt1.pdf" tic fication Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op er for "And" Linked Panel Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis () High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) [] High risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE	FOR RECTAL USE ONLY. AS NEEDED TO MAINTAIN 3 BOWEL MOVEMENTS PER WEEK. DO NOT GIVE IF DIARRHEA NOTED. Administer if patient has not had a BM in 24 hours after oral therapy (a) (Selection Required) URL: "\appt1.pdf" tic fication Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op er for "And" Linked Panel Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.

II Low Disk (Circle Description) (O. L. ii. D.	us di
[] Low Risk (Single Response) (Selection Requir () 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)
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam	Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs
[] 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 	pphylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
Contraindications exist for pharmacologic pro AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended	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
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	
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
MODERATE Risk of DVT - Non-Surgical (Selec	tion
Required)	
Moderate Risk Definition	
	Machaniaal prophylovia is antianal unloss pharmacologia is
	Mechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions	
CHF, MI, lung disease, pneumonia, active inflan	nmation, dehydration, varicose veins, cancer, sepsis, obesity, previous
stroke rheumatologic disease sickle cell diseas	se leg swelling ulcers venous stasis and nephrotic syndrome
	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	ee, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above Central line	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above Central line History of DVT or family history of VTE	
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho	
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho	
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	
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	
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)	
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	
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)	
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	
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)	urs
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	
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 of VTE	urs Routine, Once, PACU & Post-op
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 of VTE Moderate Risk Pharmacological Prophylaxis	Routine, Once, PACU & Post-op
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selections)	Routine, Once, PACU & Post-op
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection)	Routine, Once, PACU & Post-op
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection) Required) () Contraindications exist for pharmacologic properties of the second secon	Routine, Once, PACU & Post-op
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection)	Routine, Once, PACU & Post-op
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic producer Sequential compression device	Routine, Once, PACU & Post-op ection ophylaxis - "And" Linked Panel
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection Required) Ocontraindications exist for pharmacologic produce Sequential compression device Contraindications exist for pharmacologic	Routine, Once, PACU & Post-op ection ophylaxis - "And" Linked Panel Routine, Once
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic producer Sequential compression device	Routine, Once, PACU & Post-op ection ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection Required) Ocontraindications exist for pharmacologic produce Sequential compression device Contraindications exist for pharmacologic	Routine, Once, PACU & Post-op ection ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic produce Sequential compression device Contraindications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op ection ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic produce Sequential compression device Contraindications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op ection ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic product Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression	Routine, Once, PACU & Post-op ection ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic product Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device Place/Maintain sequential compression device continuous	Routine, Once, PACU & Post-op ection ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection 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 ection ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection 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 ection ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op ophylaxis "And" Linked Panel
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection 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 ection ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
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) (Selection Required) () Contraindications exist for pharmacologic produce Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic prophylaxis Contraindications exist for pharmacologic	Routine, Once, PACU & Post-op ection ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op ophylaxis "And" Linked Panel Routine, Once
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection 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 ection ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
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) (Selection Required) () Contraindications exist for pharmacologic produce Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic prophylaxis Contraindications exist for pharmacologic	Routine, Once, PACU & Post-op
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Sele Required) () Contraindications exist for pharmacologic pr Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pr AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic produce Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Sele Required) () Contraindications exist for pharmacologic pr Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pr AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic produce Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op
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 of VTE Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic produce Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op

() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S
	For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
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
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
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	election
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 - Surgical (Selection Required)	
, , , , , , , , , , , , , , , , , , , ,	

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Surg	gical 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 Re	sponse)
(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1
	For Patients with CrCL LESS than 30 mL/min

() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warf arin (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)	lection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke	
History of PE	

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-S	Surgical
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 Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

() patients weight 140 kg or GREATER AN CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
, , , , , , , , , , , , , , , , , , , ,	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommende	d 5,000 Units, subcutaneous, every 12 hours
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
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warf arin (COUMADIN) tablet	oral, daily at 1700
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response) Required)	(Selection
() 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 - Surgical (Hip/Knee) (Sele	ection
Required)	
High Risk Definition	
D (I I I AND I I I I I	

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respon (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection F	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1

() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
 () enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	mL/min
	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) 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 Indication:
``,	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
	Routine, Once
	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
DVT Risk and Prophylaxis Tool (Single Response)	URL: "\appt1.pdf"
() Patient currently has an active order for therapeutic	
anticoagulant or VTE prophylaxis with Risk Stratifica (Single Response) (Selection Required)	
Moderate Risk - Patient currently has an active o therapeutic anticoagulant or VTE prophylaxis (Se Required)	election
	Routine, Once, PACU & Post-op
therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
	PACU & Post-op
High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Se Required)	
	Routine, Once, PACU & Post-op

[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
() LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk	factors
[] Low Risk (Single Response) (Selection Req	
() 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	Required)
contraindicated. One or more of the following medical condition CHF, MI, lung disease, pneumonia, active infla	d. Mechanical prophylaxis is optional unless pharmacologic is s: ammation, dehydration, varicose veins, cancer, sepsis, obesity, previous ase, 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 h 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 Requi	
Contraindications exist for pharmacologic particles and services are serviced by the service of the servic	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
Contraindications exist for pharmacologic part AND mechanical prophylaxis	prophylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single F (Selection Required)	Response)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

	tients weight 140 kg or GREATER AND CI GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
		For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fon	daparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op
()	оор от том (т. т. т. т. у т. у от от у	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):
() hep	earin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() hep	arin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
	patients with high risk of bleeding, e.g.	Post-op
	ght < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS
	0 0 , ,	than 50kg and age GREATER than 75yrs.
() HE	Parin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	n weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
	farin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op
.,	,	Indication:
() Pha	armacy consult to manage warfarin	STAT, Until discontinued, Starting S
	DUMADIN)	Indication:
[] Mec	nanical Prophylaxis (Single Response) (Sele	ection
	uired)	
	ntraindications exist for mechanical	Routine, Once
	phylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
	,	PACU & Post-op
() Pla	ce/Maintain sequential compression	Routine, Continuous, PACU & Post-op
	rice continuous	•
) MODE	RATE Risk of DVT - Non-Surgical (Selection	1
Require		
Modera	ate Risk Definition	
Pharma	acologic prophylaxis must be addressed. Me	echanical prophylaxis is optional unless pharmacologic is
contrai	ndicated.	
One or	more of the following medical conditions:	
CHF, M	II, lung disease, pneumonia, active inflamm	ation, 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		
	of DVT or family history of VTE	
	ated length of stay GREATER than 48 hours	3
Less th	an fully and independently ambulatory	
	en therapy	
	ate or major surgery (not for cancer)	
Majors	urgery within 3 months of admission	
	. 511.40.1 =	
- 1	erate Risk (Selection Required)	
	derate risk of VTE	Routine, Once, PACU & Post-op
	erate Risk Pharmacological Prophylaxis -	
	Surgical Patient (Single Response) (Selecti	on
	uired)	
	ntraindications exist for pharmacologic prop	hylaxis - "And" Linked Panel
	ler Sequential compression device	
	ontraindications exist for pharmacologic	Routine, Once
pr	ophylaxis	No pharmacologic VTE prophylaxis due to the following
		contraindication(s):
		PACU & Post-op
	ace/Maintain sequential compression	Routine, Continuous, PACU & Post-op
	evice continuous	
	ntraindications exist for pharmacologic prop	hylaxis "And" Linked Panel

[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	ponse)
(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
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
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
() has sain (a sain a) in its of an	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. 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
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warf arin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op
() Warrann (300m) Birly tablet	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	
Thrombophilia (Factor V Leiden, prothrombin varia	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
High Risk Pharmacological Prophylaxis - Surgi	·
(Single Response) (Selection Required)	
1 (- 0 (

	entraindications exist for pharmacologic ophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() en	oxaparin (LOVENOX) injection (Single Resp	PACU & Post-op
	election Required)	onse,
	noxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
	atients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
	atients weight between 100-139 kg AND rCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
	atients 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
() for	ndaparinux (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):
() he	parin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
for	parin (porcine) injection (Recommended patients with high risk of bleeding, e.g. patients with and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
	Parin (porcine) injection - For Patients th weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
	rfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
	armacy consult to manage warfarin OUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Med	chanical Prophylaxis (Single Response) (Sel juired)	ection
` '	ontraindications exist for mechanical ophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
	ace/Maintain sequential compression vice continuous	Routine, Continuous, PACU & Post-op
HIGH I High R Both p One or Throm or prot Severe Acute Multipl Abdon Acute	Risk of DVT - Non-Surgical (Selection Requi tisk Definition harmacologic AND mechanical prophylaxis i r more of the following medical conditions:	must be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
	n Risk (Selection Required) gh risk of VTE	Routine, Once, PACU & Post-op
	h Risk Pharmacological Prophylaxis - Non-S	·

() 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)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g. 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 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 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
) HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio Required)	n
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	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 o (Arthroplasty) Surgical Patient (Single Respons (Selection Required)	r Knee

 () Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
/>	PACU & Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection R	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
[] Pharmacy consult to monitor apixaban	Indications: VTE prophylaxis STAT, Until discontinued, Starting S
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Res	
(Selection Required)	poriso)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
	Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
CrCl GREATER than 30 mL/min	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	Starting S+1
GREATER and CrCl GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
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 with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection	
Required)	,
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this	Indications: VTE prophylaxis
admission	
[] 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 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 device continuous	Routine, Continuous, PACU & Post-op

Labs

Labs Today

[] Lactic acid level

Once, Post-op

[X] Basic metabolic panel	Once, Post-op
[X] CBC with platelet and differential	Once, Post-op
[] Magnesium level	Once, Post-op
[] Phosphorus level	Once, Post-op
[] Calcium level	Once, Post-op
[] lonized calcium	Once, Post-op
[] Prothrombin time with INR	Once, Post-op
[] Partial thromboplastin time	Once, Post-op
[] Platelet function P2Y12	Once, Post-op
[] Platelet mapping	Once
	Anticoagulant Therapy:
	Diagnosis:
	Fax Number (For TEG Graph Result):
[] Transpin	Post-op
[] Troponin	Once, Post-op
B natriuretic peptide	Once, Post-op
Anti Xa, unfractionated	Once, Post-op
[] Fibrinogen [] Cortisol level, random	Once, Post-op
,	Once, Post-op
[] Type and screen	Once Post on
[] Type and screen	Once, Post-op
ABO and Rh confirmation Blood gas, arterial	Once, Blood Bank Confirmation Once, Post-op
[] Blood gas, arterial	Once, Post-op
Labs Today	
[] Lactic acid level	Once, Post-op
[X] Basic metabolic panel	Once, Post-op
[X] CBC with platelet and differential	Once, Post-op
[] Magnesium level	Once, Post-op
[] Phosphorus level	Once, Post-op
[] Calcium level	Once, Post-op
[] lonized calcium	Once, Post-op
[] Prothrombin time with INR	Once, Post-op
[] Partial thromboplastin time	Once, Post-op
[] Platelet function P2Y12	Once, Post-op
[] Troponin	Once, Post-op
[] B natriuretic peptide	Once, Post-op
[] Anti Xa, unfractionated	Once, Post-op
[] Fibrinogen	Once, Post-op
[] Cortisol level, random	Once, Post-op
[] Type and screen	
[] Type and screen	Once, Post-op
[] ABO and Rh confirmation	Once, Blood Bank Confirmation
[] Blood gas, arterial	Once, Post-op
Cardiology	
Cardiology	
[X] ECG 12 lead - Once	Routine, Once
	Clinical Indications: Post-Op Surgery
	Interpreting Physician:
II FOO 40 load Dally a tention of	Post operative, Post-op
[] ECG 12 lead - Daily starting tomorrow	Routine, Daily, Starting S+1 For 3 Occurrences
	Clinical Indications: Post-Op Surgery
	Interpreting Physician: Post-op
Transthoracic Echocardiogram Complete, (w cont	·
Transthoracic Echocardiogram Complete, (w cont Strain and 3D if needed)	rasi, Noutine, i time imaging, starting s at 1.00 Aivi, Fost-op
Strain and OD it ricodou)	

X-Ray	
[X] Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences, Post-op
[X] XR Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1 At 0700 in ICU, Post-op
[] Chest 1 Vw Portable (Daily)	Routine, Daily imaging For 3 Occurrences, Post-op
[X] Chest 1 Vw Portable(after chest tube removal)	Routine, Conditional Frequency For 1 Occurrences After chest tube removal, Post-op
Ultrasound	
[] Pv carotid duplex	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences, Post-op
Respiratory	
Respiratory	
[X] Encourage deep breathing and coughing	Routine, Every hour, Post-op
[X] Incentive spirometry	Routine, As directed 10 x every hour while awake, Post-op
[] Positive Expiratory (PEP) Device	Routine, Once Twenty (20) times every hour while awake, Post-op
[] Oxygen therapy	Routine, Continuous Device: Device 2: Device 3: Titrate to keep O2 Sat Above:
Consults	Indications for O2 therapy: Post-op
Consults For Physician Consult orders use sidebar Ancillary Consults	· ·
For Physician Consult orders use sidebar	· ·
For Physician Consult orders use sidebar Ancillary Consults	Post-op Consult Reason: Discharge Planning
For Physician Consult orders use sidebar Ancillary Consults [] Consult to Case Management	Consult Reason: Discharge Planning Post-op Reason for Consult: Post-op Reasons for referral to Physical Therapy (mark all applicable Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
For Physician Consult orders use sidebar Ancillary Consults [] Consult to Case Management [] Consult to Social Work	Consult Reason: Discharge Planning Post-op Reason for Consult: Post-op Reasons for referral to Physical Therapy (mark all applicable Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Post-op Special Instructions: Location of Wound?
For Physician Consult orders use sidebar Ancillary Consults [] Consult to Case Management [] Consult to Social Work [] Consult PT eval and treat	Consult Reason: Discharge Planning Post-op Reason for Consult: Post-op Reasons for referral to Physical Therapy (mark all applicable Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Post-op Special Instructions:
For Physician Consult orders use sidebar Ancillary Consults [] Consult to Case Management [] Consult to Social Work [] Consult PT eval and treat [] Consult PT wound care	Consult Reason: Discharge Planning Post-op Reason for Consult: Post-op Reasons for referral to Physical Therapy (mark all applicable Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Post-op Special Instructions: Location of Wound? Post-op Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:

[] Consult to Speech Language Pathology	Routine, Once Reason for consult: Post-op
[] Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult: Post-op
[] Consult to Respiratory Therapy Additional Orders	Reason for Consult? Post-op