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

Elective Outpatient, Observation, or Admission (Single Response)

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

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)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? 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	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? 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 Clean with CHG cloths, Post-op
[X] Chest tube to continuous suction	Routine, Until discontinued, Starting S Level of suction: 20 cm H2O Post-op
[X] Tube site care (chest tube)	Routine, Per unit protocol 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 LESS THAN 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 0.5 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: Contact Physician if:
( ) enalapril (VASOTEC) tablet	2.5 mg, oral, 2 times daily, Post-op Consult MD before administering if urine output less than 0.5 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 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

( ) Standard

[ ] CENTRAL Line Administration: amIODarone (CORDArone) 150 mg LOADING Dose followed by STANDARD concentration 24-hour Infusion for Atrial Fibrillation- NOT HMWB — **"Followed by" Linked Panel**

- [ ] amIODarone (CORDArone) 150 mg BOLUS — 150 mg, intravenous, once, Starting S, For 1 Doses, Post-op
  Patients should be monitored for QTc prolongation.
- [ ] amIODarone 1.8 mg/mL (STANDARD concentration) infusion — 1 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.
  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) 450 mg/ 250 mL NS — 0.5 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 — 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.

[ ] CENTRAL Line Administration: amIODarone (CORDArone) 150 mg LOADING Dose followed by STANDARD concentration 24-hour Infusion for Atrial Fibrillation-HMWB ONLY — **"Followed by" Linked Panel**

- [ ] amIODarone (CORDArone) 150 mg BOLUS — 150 mg, intravenous, once, Starting S, For 1 Doses
  Patients should be monitored for QTc prolongation.
- [ ] amIODarone 1.8 mg/mL (STANDARD concentration) infusion — 1 mg/min, intravenous, continuous, Starting H+10 Minutes
  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) infusion — 0.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses
  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
  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: amIODarone (CORDArone) 150 mg LOADING Dose followed by DOUBLE concentration 24-hour Infusion for Atrial Fibrillation — **"Followed by" Linked Panel**

[ ] amIODarone (CORDArone) 150 mg BOLUS	150 mg, intravenous, once, Starting S, For 1 Doses, Post-op Patients should be monitored for QTc prolongation.
[ ] amIODarone (CORDArone) 900 mg/ 250 mL NS	1 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. 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	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.

( ) Maintenance Infusion (Single Response)

Select Standard or Double Concentration

( ) Standard

[ ] NO LOADING DOSE - Central Line Administration: amIODarone (CORDArone) STANDARD concentration 24-hour Infusion for Atrial Fibrillation - NOT HMWB **"Followed by" Linked Panel**

[ ] 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 Administration: amIODarone (CORDArone) STANDARD concentration 24-hour Infusion for Atrial Fibrillation - HMWB Only **"Followed by" Linked Panel**

[ ] 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.
[ ] amIODarone 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 Administration: amIODarone (CORDArone) Double Concentration 24-hour Infusion for Atrial Fibrillation **"Followed by" Linked Panel**

[ ] amIODarone (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 TOMORROW with the start time set to 24 hours AFTER the start time of the INITIAL infusion order above.

[ ] amIODarone (PACERONE) tablet **** You MUST CHANGE the START DATE to TOMORROW and set the Start TIME to be 24 hours after the Start Time of the Infusion	200 mg, oral, every 24 hours, Starting H+24 Hours amiodarone (Pacerone) tablets must start 24 hours after the start of the infusion order.

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	20 mg, intravenous, daily

predniSONE oral taper

[ ] 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 BID	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	0.5 mg, nebulization, Respiratory Therapy - every 6 hours, Post-op Aerosol Delivery Device: Hand-Held Nebulizer
[ ] PRN	
[ ] 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	
[X] Richmond agitation sedation scale	Routine, Per unit protocol Hold infusion daily at: Do not hold sedation Reason sedation not held. Patient on: Target RASS: -1 BIS Monitoring (Target BIS: 40-60): Reassess RASS at least Every 4 Hours 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 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 Development of acute distress HR greater than 120 bpm RR greater than 38 breaths/min SpO2 less than 88%
[X] dexMEDEtomidine (PRECEDEX) infusion	0.2 mcg/kg/hr, intravenous, continuous, Post-op 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 need to be modified to the ICU sedation order to include titration parameters and dose range. Discontinue Dexmedetomidine (Precedex) IV infusion after extubation. Discontinue on postoperative day 1. Reassess RASS within 1 hour. DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours GREATER than desired sedation effect: DECREASE rate by 0.1 mcg/kg/hour. Reassess RASS within one hour.
[X] acetaminophen (OFIRMEV) intravenous solution	1,000 mg, intravenous, for 15 Minutes, every 6 hours, For 1 Doses, Post-op Total Tylenol/ acetaminophen dose (which includes, IV, PO or combination i.e. Norco, APAP etc) 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 this restriction has been met?
[X] acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours PRN, moderate pain (score 4-6), 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)
[X] ibuprofen (ADVIL) tablet OR ketorolac (TORadol) IV (Single Response)	
( ) ibuprofen (ADVIL) tablet	400 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op May alternate with Tylenol 500 mg every 3 hours.
( ) keTOROlac (TORadol) IV	**"Followed by" Linked Panel**

[ ] ketorolac (TORADOL) injection	30 mg, intravenous, once, For 1 Doses, Post-op Maximum 120mg/day in adults more than 50kg. Maximum 60mg/day in adults less than 50kg.
[ ] ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours, Starting H+6 Hours, For 3 Doses, Post-op Maximum 120mg/day in adults more than 50kg. Maximum 60mg/day in adults less than 50kg.

Breakthrough Pain

[X] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Post-op Total Tylenol/ acetaminophen dose (which includes, IV, PO or combination i.e. Norco, APAP etc)
[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.

PUD Prophylaxis (Single Response)

( ) famotidine (PEPCID) injection	20 mg, intravenous, 2 times daily, Post-op
(X) pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily before breakfast, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

Bowel Care

[X] 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	**"Or" Linked Panel**
[ ] 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
[ ] bisacodyl (DULCOLAX) suppository	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

VTE

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

URL: "\appt1.pdf"

( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)	
( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	

[ ] Moderate risk of VTE	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
[ ] Place sequential compression device (Single Response)	
( ) 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

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] Moderate risk of VTE	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
[ ] Place sequential compression device (Single Response)	
( ) 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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] High risk of VTE	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
[ ] Place sequential compression device (Single Response)	
( ) 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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] High risk of VTE	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
[ ] Place sequential compression device (Single Response)	
( ) 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

( ) LOW Risk of DVT (Selection Required)

Low Risk Definition
Age less than 60 years and NO other VTE risk factors

[ ] Low Risk (Single Response) (Selection Required)

( ) Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op

( ) MODERATE Risk of DVT - Surgical (Selection Required)

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

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE	Routine, Once, PACU & Post-op

[ ] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device **"And" Linked Panel**

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

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

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

( ) MODERATE Risk of DVT - Non-Surgical (Selection Required)

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

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE	Routine, Once, PACU & Post-op

[ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	**"And" Linked Panel**
[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	**"And" Linked Panel**

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

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

( ) HIGH Risk of DVT - Surgical (Selection Required)

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once, PACU & Post-op

[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

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

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

( ) HIGH Risk of DVT - Non-Surgical (Selection Required)

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once, PACU & Post-op

[ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

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

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

( ) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once, PACU & Post-op

[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
( ) Apixaban and Pharmacy Consult (Selection Required)	
[ ] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op
( ) enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 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), PACU & Post-op Indications: VTE prophylaxis
[ ] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

DVT Risk and Prophylaxis Tool (Single Response)

( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] Moderate risk of VTE	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

[ ] Place sequential compression device (Single Response)

( ) 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

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] Moderate risk of VTE	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

[ ] Place sequential compression device (Single Response)

( ) 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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] High risk of VTE	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

[ ] Place sequential compression device (Single Response)

( ) 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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] High risk of VTE	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

[ ] Place sequential compression device (Single Response)

( ) 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

( ) LOW Risk of DVT (Selection Required)

Low Risk Definition
Age less than 60 years and NO other VTE risk factors

[ ] Low Risk (Single Response) (Selection Required)

( ) Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op

( ) MODERATE Risk of DVT - Surgical (Selection Required)

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

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE	Routine, Once, PACU & Post-op

[ ] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device **"And" Linked Panel**

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

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

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min

( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

( ) MODERATE Risk of DVT - Non-Surgical (Selection Required)

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

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE	Routine, Once, PACU & Post-op

[ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	**"And" Linked Panel**

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

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

( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

( ) HIGH Risk of DVT - Surgical (Selection Required)

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)	
[ ] High risk of VTE	Routine, Once, PACU & Post-op
[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
( ) HIGH Risk of DVT - Non-Surgical (Selection Required)	

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)	
[ ] High risk of VTE	Routine, Once, PACU & Post-op
[ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

( ) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)	
[ ] High risk of VTE	Routine, Once, PACU & Post-op
[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
( ) Apixaban and Pharmacy Consult (Selection Required)	
[ ] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op
( ) enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op 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), PACU & Post-op Indications: VTE prophylaxis
[ ]	Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
( )	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( )	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( )	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( )	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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
[ ]	Ionized 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): 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

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
[ ]	Ionized 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: 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 contrast, Strain and 3D if needed)	Routine, 1 time imaging, Starting S at 1:00 AM, Post-op

Imaging

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: Indications for O2 therapy: Post-op

Consults

For Physician Consult orders use sidebar

Ancillary Consults

[ ] Consult to Case Management	Consult Reason: Discharge Planning Post-op
[ ] Consult to Social Work	Reason for Consult: Post-op

[ ] Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Post-op
[ ] Consult PT wound care	Special Instructions: Location of Wound? Post-op
[ ] Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Post-op
[ ] Consult to Nutrition Services	Reason For Consult? Purpose/Topic: Post-op
[ ] Consult to Spiritual Care	Reason for consult? Post-op
[ ] 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	Reason for Consult? Post-op

Additional Orders