Oral Maxillofacial Surgery Post-Op [2029]

	mmon 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
le	ctive Outpatient, Observation, or Admission (Single I	Response)
_	Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
)	Outpatient observation services under general	Admitting Physician:
	supervision	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 judgmen
		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

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)	1 οστ ορ
[] 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:

[] 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
solation	
[] 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
Description 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
N I a super Caraca	
Nursing	
Vital Signs (Single Response)	Routine, Per unit protocol, PACU & Post-op
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP	Routine, Per unit protocol, PACU & Post-op
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required)	
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest	Routine, Until discontinued, Starting S, PACU & Post-op
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest	
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest [] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op Routine, 3 times daily
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest [] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op Routine, 3 times daily Specify: with assistance
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest [] Bed rest with bathroom privileges [] Ambulate with assistance	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op Routine, 3 times daily Specify: with assistance PACU & Post-op
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest [] Bed rest with bathroom privileges [] Ambulate with assistance	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op Routine, 3 times daily Specify: with assistance PACU & Post-op Routine, 3 times daily
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest [] Bed rest with bathroom privileges [] Ambulate with assistance	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op Routine, 3 times daily Specify: with assistance PACU & Post-op Routine, 3 times daily Specify:
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest [] Bed rest with bathroom privileges [] Ambulate with assistance [] Ambulate	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op Routine, 3 times daily Specify: with assistance PACU & Post-op Routine, 3 times daily Specify: PACU & Post-op
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest [] Bed rest with bathroom privileges [] Ambulate with assistance	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op Routine, 3 times daily Specify: with assistance PACU & Post-op Routine, 3 times daily Specify: PACU & Post-op Routine, Until discontinued, Starting S
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest [] Bed rest with bathroom privileges [] Ambulate with assistance [] Ambulate	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op Routine, 3 times daily Specify: with assistance PACU & Post-op Routine, 3 times daily Specify: PACU & Post-op
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest [] Bed rest with bathroom privileges [] Ambulate with assistance [] Ambulate [] Head of bed 30 degrees	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op Routine, 3 times daily Specify: with assistance PACU & Post-op Routine, 3 times daily Specify: PACU & Post-op Routine, 3 times daily Specify: PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 30 degrees
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest [] Bed rest with bathroom privileges [] Ambulate with assistance [] Ambulate [] Head of bed 30 degrees	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op Routine, 3 times daily Specify: with assistance PACU & Post-op Routine, 3 times daily Specify: PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 30 degrees PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 45
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest [] Bed rest with bathroom privileges [] Ambulate with assistance [] Ambulate [] Head of bed 30 degrees	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op Routine, 3 times daily Specify: with assistance PACU & Post-op Routine, 3 times daily Specify: PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 30 degrees PACU & Post-op Routine, Until discontinued, Starting S
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest [] Bed rest with bathroom privileges [] Ambulate with assistance [] Ambulate [] Head of bed 30 degrees [] Elevate Head of bed 45 degrees	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op Routine, 3 times daily Specify: with assistance PACU & Post-op Routine, 3 times daily Specify: PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 30 degrees PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 45
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest [] Bed rest with bathroom privileges [] Ambulate with assistance [] Ambulate [] Head of bed 30 degrees [] Elevate Head of bed 45 degrees Nursing	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op Routine, 3 times daily Specify: with assistance PACU & Post-op Routine, 3 times daily Specify: PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 30 degrees PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 45 PACU & Post-op
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest [] Bed rest with bathroom privileges [] Ambulate with assistance [] Ambulate [] Head of bed 30 degrees [] Elevate Head of bed 45 degrees Nursing	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op Routine, 3 times daily Specify: with assistance PACU & Post-op Routine, 3 times daily Specify: PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 30 degrees PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 45 PACU & Post-op Routine, Once For 1 Occurrences
[] Bed rest with bathroom privileges[] Ambulate with assistance[] Ambulate[] Head of bed 30 degrees	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op Routine, 3 times daily Specify: with assistance PACU & Post-op Routine, 3 times daily Specify: PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 30 degrees PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 45 PACU & Post-op Routine, Once For 1 Occurrences Current FIO2 or Room Air:
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest [] Bed rest with bathroom privileges [] Ambulate with assistance [] Ambulate [] Head of bed 30 degrees [] Elevate Head of bed 45 degrees Nursing	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op Routine, 3 times daily Specify: with assistance PACU & Post-op Routine, 3 times daily Specify: PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 30 degrees PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 45 PACU & Post-op Routine, Once For 1 Occurrences
Vital Signs (Single Response) (X) Vital signs - T/P/R/BP Activity (Selection Required) [] Strict bed rest [] Bed rest with bathroom privileges [] Ambulate with assistance [] Ambulate [] Head of bed 30 degrees [] Elevate Head of bed 45 degrees Nursing [] Pulse oximetry check	Routine, Until discontinued, Starting S, PACU & Post-op Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges PACU & Post-op Routine, 3 times daily Specify: with assistance PACU & Post-op Routine, 3 times daily Specify: PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 30 degrees PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 45 PACU & Post-op Routine, Once For 1 Occurrences Current FIO2 or Room Air: PACU & Post-op

[] Oral suction	Routine, As needed To bedisde. Yankauer suction at bedside., PACU & Post-op
Apply ice pack to face	Routine, Until discontinued, Starting S
	Afftected area: to face PACU & Post-op
[] Provide equipment / supplies at bedside - syringe for	Routine, Once
feedings	Supplies: Other (specify)
go	Other: syringe for feedings
	PACU & Post-op
Bite gauze for 30 min and change if needed for hemostasis	Routine, Until discontinued, Starting S, PACU & Post-op
[] Apply vaseline to lips	Routine, As needed, PACU & Post-op
[] Nasogastric Tube Orders	
[] Nasogastric tube insertion Routin	ne, Once
Type:	
	& Post-op
	ne, Until discontinued, Starting S
	Care Orders: To Continuous Suction
	ontinuous suction, PACU & Post-op
[] Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain
	PACU & Post-op
[] Foley catheter - discontinue	Routine, Once, Starting S at 11:00 PM
[] Toley calleter - discontinue	Discontinue at 2300., PACU & Post-op
[] Measure drainage	Routine, Every 8 hours
	Type of drain:
	PACU & Post-op
Patient should not blow nose and should sneeze with mouth open	Routine, Until discontinued, Starting S, PACU & Post-op
Mouth is wired shut with wires	Routine, Until discontinued, Starting S, PACU & Post-op
[] Wire cutter should be with patient at all times	Routine, Until discontinued, Starting S, PACU & Post-op
[] When in bed, tape wire cutters to bedside with sign,	Routine, Until discontinued, Starting S, PACU & Post-op
"Patient's Jaws Wired Shut"	reading, or an alcoording of the or a root op
[] No NSAIDs INcluding aspirin	Routine, Until discontinued, Starting S For 24 Hours
11 a surface of a special state of the state	Reason for "No" order:
	To reduce risk for bleeding in first 24 hours.
Diet	
Diet	Diet effective a see Otomics C
[] NPO	Diet effective now, Starting S NPO:
	Pre-Operative fasting options:
	PACU & Post-op
Ok for sips of water	Routine, Until discontinued, Starting S, PACU & Post-op
[] Diet - Clear liquids (advance as tolerated to Full liquids)	Diet effective now, Starting S
[1](Diet(s): Clear Liquids
	Advance Diet as Tolerated? Yes
	Target Diet: Full liquids
	Advance target diet criteria: When patient is able to tolerate
	one meal of clear liquids
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
LL Dist	PACU & Post-op
[] Diet	Diet effective now, Starting S
	Diet(s):
	Other Options: Advance Diet as Tolerated?
	IDDSI Liquid Consistency: Fluid Restriction:
	Foods to Avoid:
	Foods to Avoid:
	PACU & Post-op
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[] Oral supplements	Routine, 3 times daily
	Can/Bottle Supplements:
	Number of Cans/Bottles each administration: 1
	PACU & Post-op
[] Tube feeding - Continuous (For cancer patients)	Continuous
	Tube Feeding Formula:
	Tube Feeding Schedule:
	Tube Feeding Schedule:
	Dietitian to manage Tube Feed?
	PACU & Post-op
IV Fluids	
IV Fluids (Single Response)	
() lactated Ringer's infusion	intravenous, continuous, Post-op
() sodium chloride 0.9 % infusion	intravenous, continuous, Post-op
() sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Post-op
() dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients	intravenous, continuous, Post-op
Medications	
Peri-Operative Prophylaxis: For Patients LESS than or EQ	UAL to 120 kg
[] ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, For 1 Doses, Post-op
(1 -)	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Surgical Prophylaxis
[1] ampicillin IV	Reason for Therapy: Surgical Prophylaxis 2 g. intravenous, for 30 Minutes, once, For 1 Doses, Post-op
[] ampicillin IV	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op
[] ampicillin IV	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order
	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] ceFAZolin (ANCEF) IV - For patients LESS than or	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, For 1 Doses, Post-op
	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order
[] ceFAZolin (ANCEF) IV - For patients LESS than or EQUAL to 120 kg	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] ceFAZolin (ANCEF) IV - For patients LESS than or	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 900 mg, intravenous, for 30 Minutes, once, For 1 Doses,
[] ceFAZolin (ANCEF) IV - For patients LESS than or EQUAL to 120 kg	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op
[] ceFAZolin (ANCEF) IV - For patients LESS than or EQUAL to 120 kg	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order
[] ceFAZolin (ANCEF) IV - For patients LESS than or EQUAL to 120 kg [] clindamycin (CLEOCIN) IV	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] ceFAZolin (ANCEF) IV - For patients LESS than or EQUAL to 120 kg	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Post-op
[] ceFAZolin (ANCEF) IV - For patients LESS than or EQUAL to 120 kg [] clindamycin (CLEOCIN) IV	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order
[] ceFAZolin (ANCEF) IV - For patients LESS than or EQUAL to 120 kg [] clindamycin (CLEOCIN) IV [] metronidazole (FLAGYL) IV	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason of Therapy: Surgical Prophylaxis
[] ceFAZolin (ANCEF) IV - For patients LESS than or EQUAL to 120 kg [] clindamycin (CLEOCIN) IV	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason of Therapy: Surgical Prophylaxis 750 mg, intravenous, once, For 1 Doses, Post-op
[] ceFAZolin (ANCEF) IV - For patients LESS than or EQUAL to 120 kg [] clindamycin (CLEOCIN) IV [] metronidazole (FLAGYL) IV	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason of Therapy: Surgical Prophylaxis 750 mg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order
[] ceFAZolin (ANCEF) IV - For patients LESS than or EQUAL to 120 kg [] clindamycin (CLEOCIN) IV [] metronidazole (FLAGYL) IV [] levofloxacin (LEVAQUIN) IV solution	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason of Therapy: Surgical Prophylaxis 750 mg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] ceFAZolin (ANCEF) IV - For patients LESS than or EQUAL to 120 kg [] clindamycin (CLEOCIN) IV [] metronidazole (FLAGYL) IV	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason of Therapy: Surgical Prophylaxis 750 mg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 15 mg/kg, intravenous, once, For 1 Doses, Post-op
[] ceFAZolin (ANCEF) IV - For patients LESS than or EQUAL to 120 kg [] clindamycin (CLEOCIN) IV [] metronidazole (FLAGYL) IV [] levofloxacin (LEVAQUIN) IV solution	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason of Therapy: Surgical Prophylaxis 750 mg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

Peri-Operative Prophylaxis: For Patients GREATER than 120 kg

	· • · · · · /	6 mg, intravenous, every 12 hours, Starting H+12 Hours, For 2 Doses, Post-op
] dexamethasone (DECADRON) IV	6 mg, intravenous, every 6 hours, For 2 Doses, Post-op
[]	suspension dexamethasone (DECADRON) injection	"Followed by" Linked Panel
		400 mg, oral, 4 times daily, Post-op
r i i	[] ibuprofen (ADVIL,MOTRIN) tablet	400 mg, oral, 4 times daily, Post-op
[]	ibuprofen (ADVIL, MOTRIN) tablet or oral suspension	
[]	chlorhexidine (PERIDEX) 0.12 % solution	15 mL, Mouth/Throat, 2 times daily, Post-op Swish and spit
Sc	heduled Medications	
		Reason for Therapy: Surgical Prophylaxis
ΓJ	anoxionini (riviorite) oapoulo	Type of Therapy: New Anti-Infective Order
[]	amoxicillin (AMOXIL) capsule	Reason for Therapy: Surgical Prophylaxis 500 mg, oral, 3 times daily, Post-op
	per tablet	Type of Therapy: New Anti-Infective Order
[]	amoxicillin-pot clavulanate (AUGMENTIN) 875-125	
		Reason for Therapy: Surgical Prophylaxis
		Type of Therapy: New Anti-Infective Order
[]	levofloxacin (LEVAQUIN) tablet	500 mg, oral, daily at 0600 (TIME CRITICAL), Post-op
		Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[]	cefuroxime (CEFTIN) tablet	500 mg, oral, 2 times daily, Post-op
		Reason for Therapy: Surgical Prophylaxis
	. , , , ,	Type of Therapy: New Anti-Infective Order
[]	cephalexin (KEFLEX) capsule	500 mg, oral, every 6 hours, Post-op
		Reason for Therapy: Surgical Prophylaxis
[]	clindamycin (CLEOCIN) IV	Type of Therapy: New Anti-Infective Order
[]	clindamycin (CLEOCIN) IV	Reason for Therapy: Surgical Prophylaxis 600 mg, intravenous, for 30 Minutes, every 8 hours, Post-op
		Type of Therapy: New Anti-Infective Order
-	•	To be given Post-Op.
[]	ceFAZolin (ANCEF) IV	1,000 mg, intravenous, every 8 hours, Post-op
An	tibiotics	
		Reason for Therapy: Surgical Prophylaxis
		Type of Therapy: New Anti-Infective Order
[]	vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Post-op
_		Reason for Therapy: Surgical Prophylaxis
. 1	(= · • · •) · ·	Type of Therapy: New Anti-Infective Order
[]	metronidazole (FLAGYL) IV	500 mg, intravenous, once, For 1 Doses, Post-op
		Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[]	levofloxacin (LEVAQUIN) IV solution	750 mg, intravenous, once, For 1 Doses, Post-op
		Reason for Therapy: Surgical Prophylaxis
		Type of Therapy: New Anti-Infective Order
[]	clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op
		Reason for Therapy: Surgical Prophylaxis
ιJ	120 kg	Type of Therapy: New Anti-Infective Order
[]	ceFAZolin (ANCEF) IV - For Patients GREATER that	Reason for Therapy: Surgical Prophylaxis an 3 g, intravenous, once, For 1 Doses, Post-op
		Type of Therapy: New Anti-Infective Order
[]	ampicillin IV	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op
		Reason for Therapy: Surgical Prophylaxis
		Type of Therapy: New Anti-Infective Order

Headache	or "Or" Linked Panel
	y from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, headaches, fever, Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 4 hours PRN, headaches, fever, Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 4 hours PRN, headaches, fever, Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use patient cannot swallow tablet.
her PRN Medications	
oxymetazoline (AFRIN) 0.05 % nasal spray	1 spray, Each Nare, daily PRN, congestion, Post-op
fluticasone propionate (FLONASE) 50 mcg/actu nasal spray	uation 1 spray, Each Nare, daily PRN, rhinitis, congestion, Post-op
sodium chloride (OCEAN) 0.65 % nasal spray	2 spray, Each Nare, daily PRN, congestion, Post-op
al Medications - PRN Moderate Pain (Pain Scelection Required) (adjust dose for renal/liver function and age)	ore 4-6): For Patients LESS than 65 years old (Single Response)
acetaminophen-codeine (TYLENOL #3) tablet 0	
Maximum of 4 grams of acetaminophen per day sources)	y from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/I
[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/I
HYDROcodone-acetaminophen 5/325 (NORCO	
OR elixir Maximum of 4 grams of acetaminophen per day sources)	y from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) If patient cannot swallow tablet.
HYDROcodone-acetaminophen 7.5/325 (NORO OR elixir	
	y from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO)	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
7.5-325 mg per tablet [] HYDROcodone-acetaminophen (HYCET)	Give if patient is able to tolerate oral medication. 15 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op

Maximum of 4 grams of acetaminophen per day sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication.
[] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	20 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient can not swallow tablet.
() traMADol (ULTRAM) tablet - For eGFR LESS th mL/min, change frequency to every 12 hours)	an 30 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op (Max Daily dose not to exceed 200 mg/day)
Oral Medications - PRN Moderate Pain (Pain Sco (adjust dose for renal/liver function and age)	re 4-6): For Patients GREATER than 65 years old (Single Response)
() acetaminophen-codeine (TYLENOL #3) tablet O	R elixir "Or" Linked Panel
Maximum of 4 grams of acetaminophen per day sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication.
	The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients
() HYDROcodone-acetaminophen 5/325 (NORCO) OR elixir	LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:) tablet "Or" Linked Panel
	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) If patient cannot swallow tablet.
() traMADol (ULTRAM) tablet - For eGFR LESS th mL/min, change frequency to every 12 hours)	an 30 25 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op (Max Daily dose not to exceed 200 mg/day)
	4-6): For Patients LESS than 65 years old (Single Response) allowed to also order IV PRN pain medications from this section.
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Post-op
() morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op
() HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op
() ketorolac (TORADOL) IV (Single Response)	0 1/ : AND/OD :: 1 1500 !! 47
	0 mL/min AND/OR patients LESS than 17 years of age. of perioperative pain OR in the setting of coronary artery bypass graft
() For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)

() For patients ages 17-64 AND weight 30 mg, i GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	ntravenous, every 6 hours PRN, moderate pain (score 4-6)
IV Medications - PRN Moderate Pain (Pain Score 4-6): For Fill you select a PCA option above you will not be allowed to a (adjust dose for renal/liver function and age)	
() fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Post-op
() morphine 2 mg/mL injection	1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op
() HYDROmorphone (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op
() ketorolac (TORADOL) injection - Do not use in patients with eGFR LESS than 30 mL/min.	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), Post-op Do not use in patients with eGFR LESS than 30 mL/min.
PRN Oral Medications for Severe Pain (Pain Score 7-10): For (adjust dose for renal/liver function and age)	
() HYDROmorphone (DILAUDID) tablet () morphine (MSIR) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10) 15 mg, oral, every 6 hours PRN, severe pain (score 7-10)
() morphine (MSIR) tablet () oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10)
PRN Oral Medications for Severe Pain (Pain Score 7-10): For (adjust dose for renal/liver function and age)	or Patients GREATER than 65 years old (Single Response)
() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10)
() HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10)
() HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10)
() morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10)
() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
PRN IV Medications for Severe Pain (Pain Score 7-10): For If you select a PCA option above you will not be allowed to a (adjust dose for renal/liver function and age)	
(,	

() fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() morphine injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() HYDROmorphone (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)

PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response) If you select a PCA option above you will not be allowed to also order IV PRN pain medications from this section. (adjust dose for renal/liver function and age)

() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() morphine injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)

Antiemetics

[X] ondansetron (ZOFRAN) IV or Oral (Selection Red		
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op	
disintegrating tablet	Give if patient is able to tolerate oral medication.	
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op	
	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.	
[X] promethazine (PHENERGAN) IV or Oral or Recta	· · · · · · · · · · · · · · · · · · ·	
[X] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op	
[A] promettiazine (FFILINCINGAN) 12.5 mg IV	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.	
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.	
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.	
Antiemetics - HMSL, HMWB Only		
[X] ondansetron (ZOFRAN) IV or Oral (Selection Red		
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.	
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.	
[X] promethazine (PHENERGAN) IV or Oral or Recta	· · · · · · · · · · · · · · · · · · ·	
[X] promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.	
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.	
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.	
Antiemetics - HMSTJ Only		
[X] ondansetron (ZOFRAN) IV or Oral (Selection Red	• •	
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.	
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.	
[X] promethazine (PHENERGAN) IVPB or Oral or Rectal "Or" Linked Panel		
[X] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to	
	tolerate oral or rectal medication OR if a faster onset of action is required.	
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op	
[14] Francouse (1.1.2.12.10) (abiot	Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.	
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to	

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

URL: "\appt1.pdf"

tolerate oral medication.

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: PACU & Post-op
Response)
Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Routine, Continuous, PACU & Post-op
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: PACU & Post-op
Response)
Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Routine, Continuous, PACU & Post-op
er 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
Response)
Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Routine, Continuous, PACU & Post-op
er 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

() 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
LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk	factors
[1] Low Diek (Single Deepense) (Selection Deep	uirod)
[] Low Risk (Single Response) (Selection Req() Low risk of VTE	Routine, Once
() LOW HOR OF VIL	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation
MODERATE Dialy of DVT Commissal (Colortica	PACU & Post-op
MODERATE Risk of DVT - Surgical (Selection	kequirea)
Moderate Risk Definition Pharmacologic prophylaxis must be addressed contraindicated.	I. Mechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical condition	s:
	mmation, dehydration, varicose veins, cancer, sepsis, obesity, previous ase, leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 h	nours
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Moderate or major surgery (not for cancer)	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required)	D. C. O. DAOU O D. C.
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 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 Patient (Single Response) (Selection Required)	s - Surgical red)
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 Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic paulic BUT order Sequential compression device	s - Surgical red) prophylaxis "And" Linked Panel
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 Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic paulical Contraindications exist for pharmacologic [] Contraindications exist for pharmacologic	s - Surgical red) prophylaxis "And" Linked Panel Routine, Once
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 Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic paulic BUT order Sequential compression device	red) rophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
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 Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic paulical Contraindications exist for pharmacologic [] Contraindications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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 Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic pautoride Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
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 Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic pautice BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
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 Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic pautorider Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
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 Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic parts BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic parts AND mechanical prophylaxis [] Contraindications exist for pharmacologic parts and prophylaxis [] Contraindications exist for pharmacologic parts and prophylaxis [] Contraindications exist for pharmacologic parts and prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Prophylaxis "And" Linked Panel
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 Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic parts BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic parts AND mechanical prophylaxis	red) Prophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Prophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
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 Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic parts BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic parts AND mechanical prophylaxis [] Contraindications exist for pharmacologic parts and prophylaxis [] Contraindications exist for pharmacologic parts and prophylaxis [] Contraindications exist for pharmacologic parts and prophylaxis	red) Prophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Prophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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 Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic pautical compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pautical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis	red) Prophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Prophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
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 Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic pautical compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pautical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Prophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once
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 Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic pautical compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pautical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Prophylaxis Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following
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 Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic pautical compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pautical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis	red) red) red) red) red) red) red) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op rophylaxis Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic particles and but order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic particles and prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis	red) Prophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Prophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
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 Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic pautoride Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pautoride Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis	red) Prophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Prophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
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 Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic part But order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic part AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis [] Contraindications exist for mechanical prophylaxis	red) Prophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op Prophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op

Indication(s): VTE Prophylaxis

() 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
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU
CrCl GREATER than 30 mL/min	& Post-op
	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
	Indication(s): VTE Prophylaxis
() 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 Recommended for national with high risk of blooding, a graveight LESS
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, PACU &
with weight GREATER than 100 kg	Post-op
	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op
() Dharmou consult to manage worferin	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	PACU & Post-op Routine, Continuous, PACU & Post-op
device continuous	Noutine, Continuous, r ACO & r ost-op
() MODERATE Risk of DVT - Non-Surgical (Selection	on
Required)	
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. It contraindicated.	Mechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
stroke, rheumatologic disease, sickle cell disease	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Central line	
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou	ire
Less than fully and independently ambulatory	113
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
II. Madagata Dial (Octobrillo De 1 a 1)	
[] Moderate Risk (Selection Required) [] Moderate risk of VTE	Pouting Once DACIL® Post on
	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec	ction
Required)	
() Contraindications exist for pharmacologic pro	phylaxis - "And" Linked Panel
Order Sequential compression device	

	prophylaxis	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 prop AND mechanical prophylaxis	ohylaxis "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 Res (Selection Required)	
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
()	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 Indication(s): VTE Prophylaxis
()	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 mL/min Indication(s): VTE Prophylaxis
()	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 mL/min Indication(s): VTE Prophylaxis
()	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 LES 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:
R	Mechanical Prophylaxis (Single Response) (Se Required)	lection
٠,	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication PACU & Post-op
` '	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

High Risk (Selection Required) High risk of VTE	Routine, Once, PACU & Post-op
 High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required) 	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	·
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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, PAG & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 3 mL/min Indication(s): VTE Prophylaxis
() 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, PAG & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min Indication(s): VTE Prophylaxis
() 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 medicati 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 LES 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) (Se Required)	lection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(see PACU & Post-op
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() Place/Maintain sequential compression Routine, Continuous, PACU & Post-op device continuous

() 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

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
 High Risk Pharmacological Prophylaxis - Non-S 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)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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) (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 Routine, Continuous, PACU & Post-op device continuous

() 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

High Risk (Selection Required)	Deutine Once DAOLL 9 Deut en
[] High risk of VTE	Routine, Once, PACU & Post-op
 High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Respons (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 R	equired)
[] 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 Res (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() 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. Indication(s): VTE Prophylaxis
() 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. Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 medicatio 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

fc	eparin (porcine) injection (Recommended or patients with high risk of bleeding, e.g. reight < 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.
	IEParin (porcine) injection - For Patients vith 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.
	tivaroxaban 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
	varfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
	harmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:
[] Me	echanical Prophylaxis (Single Response) (Sele	ection
() C	Contraindications exist for mechanical rophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
	Place/Maintain sequential compression evice continuous	Routine, Continuous, PACU & Post-op
DVT Risk	k and Prophylaxis Tool (Single Response)	
		URL: "\appt1.pdf"
antico	nt currently has an active order for therapeutic pagulant or VTE prophylaxis with Risk Stratific le Response) (Selection Required)	
the	oderate Risk - Patient currently has an active of erapeutic anticoagulant or VTE prophylaxis (Se equired)	
	Moderate risk of VTE	Routine, Once, PACU & Post-op
th	Patient currently has an active order for nerapeutic anticoagulant or VTE rophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] P	Place sequential compression device (Single R	· · · · · · · · · · · · · · · · · · ·
· · · ·	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
the	oderate Risk - Patient currently has an active o erapeutic anticoagulant or VTE prophylaxis (Se equired)	
	Moderate risk of VTE	Routine, Once, PACU & Post-op
th	Patient currently has an active order for nerapeutic anticoagulant or VTE rophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
	lace sequential compression device (Single R	•
· · · ·	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 (S	
Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single F	Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() 51 (11) (11	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	for
 High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (S 	
Required)	election
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
Fr. oF. 19 canno	Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single F	Response)
() 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
() LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fac	tors
Ago less than 60 years and NO other VIE hisk rac	
[] Low Risk (Single Response) (Selection Require	d)
() 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 Re	quired)
Moderate Risk Definition	
	echanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
Age 60 and above	leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hour	s
Less than fully and independently ambulatory	3
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[1] Moderate Dick (Colection Dequired)	

] Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk Pharmacological Prophylaxis - S	
Patient (Single Response) (Selection Required)	
) Contraindications exist for pharmacologic prop BUT order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
[] Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	·
 Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	ohylaxis "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
propriyiaxio	contraindication(s):
	PACU & Post-op
) enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACL
CrCl GREATER than 30 mL/min	& Post-op
	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU
CrCl GREATER than 30 mL/min	& Post-op
	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min
	Indication(s): VTE Prophylaxis
) 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, PACU &
with weight GREATER than 100 kg	Post-op
\orforio (COLINANDINI) tolot	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) (Sel	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	Routine, Continuous, PACU & Post-op
	device continuous	
1)	MODERATE Rick of DVT - Non-Surgical (Solor	etion

() 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 of VTE	Routine, Once, PACU & Post-op
	Ioderate Risk Pharmacological Prophylaxis -	
	Ion-Surgical Patient (Single Response) (Selec	tion
	lequired)	
	Contraindications exist for pharmacologic prop Order Sequential compression device	
[]	Contraindications exist for pharmacologic	Routine, Once
	prophylaxis	No pharmacologic VTE prophylaxis due to the following
		contraindication(s): PACU & Post-op
<u>[]</u>	Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
	device continuous	<u> </u>
	Contraindications exist for pharmacologic prop AND mechanical prophylaxis	phylaxis "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):
`	anavanaria (LOV/ENOY) injection (Single Basi	PACU & Post-op
	enoxaparin (LOVENOX) injection (Single Res	ponse)
	(Selection Required)	
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() ()		Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op
() ()	enoxaparin (LOVENOX) syringe	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min
() ()	enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() ()	enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1,
() ()	enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op
() ()	enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 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 3
() ()	enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 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 3 mL/min
() ()	enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 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 3 mL/min Indication(s): VTE Prophylaxis
() () ()	enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min patients weight 140 kg or GREATER AND	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 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 3 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op
() () ()	enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 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 3 mL/min Indication(s): VTE Prophylaxis

() 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, PACU & Post-op
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
] Mechanical Prophylaxis (Single Response) (Sele	ection
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)	

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	ical Patient
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis

() 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.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS 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) (See 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 - Non-Surgical (Selection Req	uired)

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-	
Patient (Single Response) (Selection Required	<u>i)</u>
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis
() 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
	Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
	Indication(s): VTE Prophylaxis

() 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 Indication(s): VTE Prophylaxis
() 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, PACU & Post-op
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op
() 5	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response) (Sele	ection
Required)	D. C. O.
() 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) (Selection	
Required)	
High Rick Definition	

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip of	or Knee
(Arthroplasty) Surgical Patient (Single Respon	ise)
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	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 I	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	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Res	sponse)

(Selection Required)

() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() 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. Indication(s): VTE Prophylaxis
() 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. Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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)	n
[] 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) (Sel 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
bs	
CBC with platelet and differential	Once, PACU & Post-op
Electrolyte panel	Once, PACU & Post-op
Partial thromboplastin time	Once, PACU & Post-op
Prothrombin time with INR	Once, PACU & Post-op
Racic metabolic panel	Once PACII & Post-on

Once, PACU & Post-op

Once, PACU & Post-op

Basic metabolic panel

[] Hepatic function panel

,	
[] Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: PACU & Post-op
Cardiology	
Imaging	
Diagnostic CT	
[] CT Maxillofacial W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] CT Maxillofacial Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] CT Maxillofacial W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[] CT Soft Tissue Neck W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] CT Soft Tissue Neck Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[] CT Soft Tissue Neck W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
Diagnostic X-ray	
[] Panorex	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
Other Studies	
Respiratory	
Despiratem	
Respiratory	
Oxygen therapy - Simple face mask	Routine, Continuous
	Device: Simple Face Mask
	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute:
	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute: O2 %:
	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92%
	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2:
	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2: Device 3:
Oxygen therapy - Simple face mask	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2: Device 3: Humidified air., PACU & Post-op
	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2: Device 3: Humidified air., PACU & Post-op Routine, Continuous Device: Venturi Mask
Oxygen therapy - Simple face mask	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2: Device 3: Humidified air., PACU & Post-op Routine, Continuous Device: Venturi Mask FiO2:
Oxygen therapy - Simple face mask	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2: Device 3: Humidified air., PACU & Post-op Routine, Continuous Device: Venturi Mask FiO2: Device 2:
Oxygen therapy - Simple face mask	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2: Device 3: Humidified air., PACU & Post-op Routine, Continuous Device: Venturi Mask FiO2: Device 2: Device 3: Titrate to keep O2 Sat Above: 92%
Oxygen therapy - Simple face mask	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2: Device 3: Humidified air., PACU & Post-op Routine, Continuous Device: Venturi Mask FiO2: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy:
Oxygen therapy - Simple face mask Oxygen therapy - Venti mask Oxygen therapy - Venti mask	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2: Device 3: Humidified air., PACU & Post-op Routine, Continuous Device: Venturi Mask FiO2: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Humidified air., PACU & Post-op
Oxygen therapy - Simple face mask	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2: Device 3: Humidified air., PACU & Post-op Routine, Continuous Device: Venturi Mask FiO2: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy:
Oxygen therapy - Simple face mask Oxygen therapy - Venti mask	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2: Device 3: Humidified air., PACU & Post-op Routine, Continuous Device: Venturi Mask FiO2: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Humidified air., PACU & Post-op Routine, Continuous Device: Face Tent O2 %:
Oxygen therapy - Simple face mask Oxygen therapy - Venti mask	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2: Device 3: Humidified air., PACU & Post-op Routine, Continuous Device: Venturi Mask FiO2: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Humidified air., PACU & Post-op Routine, Continuous Device: Face Tent O2 %: Device 2:
Oxygen therapy - Simple face mask Oxygen therapy - Venti mask Oxygen therapy - Venti mask	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2: Device 3: Humidified air., PACU & Post-op Routine, Continuous Device: Venturi Mask FiO2: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Humidified air., PACU & Post-op Routine, Continuous Device: Face Tent O2 %: Device 2: Device 3:
Oxygen therapy - Simple face mask Oxygen therapy - Venti mask	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2: Device 3: Humidified air., PACU & Post-op Routine, Continuous Device: Venturi Mask FiO2: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Humidified air., PACU & Post-op Routine, Continuous Device: Face Tent O2 %: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy:
Oxygen therapy - Simple face mask Oxygen therapy - Venti mask	Device: Simple Face Mask Rate in liters per minute: 6 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2: Device 3: Humidified air., PACU & Post-op Routine, Continuous Device: Venturi Mask FiO2: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Humidified air., PACU & Post-op Routine, Continuous Device: Face Tent O2 %: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Humidified air., PACU & Post-op

Rehab

Consults

Ancillary Consults

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