General

Common Present on Admission Diagnosis

11	Acidosis	Details
	Acute Post-Hemorrhagic Anemia	Details
	Acute Renal Failure	Details
	Acute Respiratory Failure	Details
	Acute Thromboembolism of Deep Veins of Lower Extremities	Details
	Anemia	Details
[]	Bacteremia	Details
[]	Bipolar disorder, unspecified	Details
<u> </u>	Cardiac Arrest	Details
	Cardiac Dysrhythmia	Details
[]	Cardiogenic Shock	Details
[]	Decubitus Ulcer	Details
[]	Dementia in Conditions Classified Elsewhere	Details
[]	Disorder of Liver	Details
[]	Electrolyte and Fluid Disorder	Details
\square	Intestinal Infection due to Clostridium Difficile	Details
[]	Methicillin Resistant Staphylococcus Aureus Infection	Details
[]	Obstructive Chronic Bronchitis with Exacerbation	Details
[]	Other Alteration of Consciousness	Details
[]	Other and Unspecified Coagulation Defects	Details
[]	Other Pulmonary Embolism and Infarction	Details
[]	Phlebitis and Thrombophlebitis	Details
[]	Protein-calorie Malnutrition	Details
[]	Psychosis, unspecified psychosis type	Details
[]	Schizophrenia Disorder	Details
[]	Sepsis	Details
[]	Septic Shock	Details
[]	Septicemia	Details
[]	Type II or Unspecified Type Diabetes Mellitus with	Details
	Mention of Complication, Not Stated as Uncontrolled	
[]	Urinary Tract Infection, Site Not Specified	Details
Ad	mission or Observation (Single Response) (Selection	Required)
$\overline{()}$	Admit to Inpatient	
()		Admitting Physician:
()		Admitting Physician: Level of Care:
()		Level of Care: Patient Condition:
()		Level of Care: Patient Condition: Bed request comments:
()		Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment
()		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
()		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
		Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
	Outpatient observation services under general	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. 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. Admitting Physician: Patient Condition:
()	Outpatient observation services under general supervision	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. Admitting Physician: Patient Condition: Bed request comments:
()	Outpatient observation services under general	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. Admitting Physician: Patient Condition:
() () ()	Outpatient observation services under general supervision	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. Admitting Physician: Patient Condition: Bed request comments: Admitting Physician:
() () Tra	Outpatient observation services under general supervision Outpatient in a bed - extended recovery	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. Admitting Physician: Patient Condition: Bed request comments: Admitting Physician: Bed request comments:
() () Tra	Outpatient observation services under general supervision Outpatient in a bed - extended recovery	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. Admitting Physician: Patient Condition: Bed request comments: Admitting Physician:

1 Full code	Code Status decision reached by:
DNR (Selection Required)	
[] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity?
[] Consult to Palliative Care Service	Priority: Reason for Consult?
	Order? Name of referring provider: Enter call back number:
[] Consult to Social Work	Reason for Consult:
[] 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:
[] Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions:
Isolation	
[] _Airborne isolation status	
[] Airborne isolation status	Details
 Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. 	Once, Sputum
[] Contact isolation status	Details
Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Nursing	
Femoral - Sheath Removal	
[] Closure Devices	
 The physician must be notified for any signs of complications. 	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[] Activity (Selection Required)	
	Deutine Until discontinued Ctarting C
[] Patient was treated with a closure device.	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight., Post-op
	Bedrest required minimum of *** hours. Keep affected leg straight., Post-op

[]	Patient education prior to discharge	Routine, Prior to discharge, Starting S
		Patient/Family: Patient Education for: Other (specify),Activity,Discharge,Smoking cessation
		counseling
		Specify: Patient education prior to discharge.
		Provide discharge instruction on emergent physician contact/symptom
		reporting due to
		bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity
		and Limitations and site care.
		Activity including Limiting movement in affected arm 6 hrs post
		procedure and keep wrist straight, refrain from lifting or pushing with the
		affected arm for 48 hrs., and site care., Post-op
	Post Procedure Assessment	Desting From AF win Faultatilian a Wash
[]	Vital signs after sheath removal	Routine, Every 15 min For Until specified
		Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Assess post-sheath cath site	Routine, Every 15 min For Until specified
[]	Assess post-shealin call she	Assess site for signs and symptoms of a hematoma or other vascular
		compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4
		x4 unless otherwise ordered by the physician., Post-op
[]	Site care	Routine, Once
		Site: catheter site
		Ensure complete hemostasis at catheter site, palpate for hematoma,
		apply appropriate dressing. At a minimum, cover site with 2X2 gauze
		and transparent dressing., Post-op
[]	Assess for pulse distal to assess site	Routine, Every 15 min For Until specified
	post-sheath removal	Pulses to assess: Distal
		Side:
		Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4
		hours x4 unless otherwise ordered by physician., Post-op
[]	Neurological assessment after sheath	Routine, Every 15 min For Until specified
	removal	Assessment to Perform:
		Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
		Post-op
1 Ma	anual Pressure	
-	The physician must be notified prior to	Routine, Until discontinued, Starting S, prior to sheath removal if systolic
	sheath removal of a systolic blood if	blood pressure is >160mmHg., Post-op
	pressure >160mmHg.	
[]	Remove sheath	Routine, Once For 1 Occurrences
		when ACT less than 160 or within physician specified parameters. Sheath
		may be removed 2 hours after discontinuation of Angiomax (Bivalirudin)
		infusion unless otherwise specified by physician order., Post-op
	The physician must be notified for any signs	Routine, Until discontinued, Starting S, for abnormal vital signs,
	of complications.	uncontrolled pain, absence of pulses/limb discoloration, bleeding,
		hematoma formation, or signs of complications., Post-op
	Activity (Selection Required)	
[]	Bed rest times following Procedure using fem	•
	access are: (Must Select One) (Single Response)	onse)
\overline{i}	(Selection Required)) Patient was treated with a 4 French	Routine, Until discontinued, Starting S
(catheter. Minimum 15 minutes of pressure	Patient may bend unaffected leg. Use urinal or bedpan as needed.,
	at site/Bedrest required minimum of 2	Post-op
	hours.	
ī	hours.) Patient was treated with a 5 French	Routine, Until discontinued, Starting S
() Patient was treated with a 5 French	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed
(Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op

 Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
() Patient was treated with a 7 French or	Routine, Until discontinued, Starting S
greater catheter. Minimum 25 minutes of	Bedrest required minimum of *** hours. Keep affected leg straight.
pressure at site/Bedrest required minimum	Patient may bend unaffected leg. Use urinal or bedpan as needed.,
of *** hours.	Post-op
Patient Education Prior to Sheath Removal and	
Discharge	
[] Patient education prior to post-sheath	Routine, Once, Starting S For 1 Occurrences
removal	Patient/Family: Patient
	Education for: Other (specify), Activity
	Specify: Patient education prior to post sheath removal.
	Provide patient post-sheath removal instructions to include reports of
	warmth, moistness, swelling, numbness or pain at insertion site., Post-op
[] Patient education prior to discharge	Routine, Prior to discharge, Starting S
	Patient/Family: Patient
	Education for: Other (specify), Activity, Discharge, Smoking cessation
	counseling
	Specify: Patient education prior to discharge.
	Provide discharge instruction on emergent physician contact/symptom
	reporting due to
	bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity
	and Limitations and site care.
	Activity including Limiting movement in affected arm 6 hrs post
	procedure and keep wrist straight, refrain from lifting or pushing with the
	affected arm for 48 hrs., and site care., Post-op
Pre-Sheath Removal	
[] Vital signs prior to sheath removal	Routine, Every 15 min
	Vital signs prior to sheath removal - Obtain base line vital signs, include
	verified ACT results of less than 160 or within parameters ordered by
	physician, unless otherwise ordered by the physician. For Temp, check
	every 4 hours., Post-op
[] Assist patient to void	Routine, Once For 1 Occurrences
	Assist patient to void prior to sheath removal., Post-op
[] Assess pre-sheath cath site	Routine, Once For 1 Occurrences
	Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the
	physician.
	If hematoma is present, mark on skin surface and complete hematoma
	documentation., Post-op
[] Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S
[] Patient transferred with sheaths left in place	
Apply hemostatic patch after assessment	Patient transferred with Sheaths left in place., Post-op
[] Apply hemostatic patch after assessment for hematoma, distal pulses.	Patient transferred with Sheaths left in place., Post-op Routine, Until discontinued, Starting S
[] Apply hemostatic patch after assessment for hematoma, distal pulses.	Patient transferred with Sheaths left in place., Post-op Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove
	Patient transferred with Sheaths left in place., Post-op Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to
	Patient transferred with Sheaths left in place., Post-op Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal
	Patient transferred with Sheaths left in place., Post-op Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20
for hematoma, distal pulses.	Patient transferred with Sheaths left in place., Post-op Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
	Patient transferred with Sheaths left in place., Post-op Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op Routine, Until discontinued, Starting S
for hematoma, distal pulses.	Patient transferred with Sheaths left in place., Post-op Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
for hematoma, distal pulses.	Patient transferred with Sheaths left in place., Post-op Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained
 for hematoma, distal pulses. [] Antegrade sheaths present] Post-Sheath Removal 	Patient transferred with Sheaths left in place., Post-op Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
 for hematoma, distal pulses. [] Antegrade sheaths present 	Patient transferred with Sheaths left in place., Post-op Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
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 for hematoma, distal pulses. [] Antegrade sheaths present] Post-Sheath Removal [] Vital signs after sheath removal 	Patient transferred with Sheaths left in place., Post-op Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and
 for hematoma, distal pulses. [] Antegrade sheaths present] Post-Sheath Removal [] Vital signs after sheath removal 	Patient transferred with Sheaths left in place., Post-op Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
 for hematoma, distal pulses. [] Antegrade sheaths present] Post-Sheath Removal [] Vital signs after sheath removal 	Patient transferred with Sheaths left in place., Post-op Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op Routine, Every 15 min For Until specified

[]	Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma,
		apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[]	Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side:
		Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[]	Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform:
		Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
	mpression Systems (Single Response)	
	C-clamp (Selection Required)	
	The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal of a systolic blood if pressure >160mmHg., Post-op
[]	Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[]	The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[]	Activity Post Sheath Removal-Femoral Approa (Selection Required) Bed rest times following Procedure using fem	
ι.	access are: (Must Select One) (Single Respo (Selection Required)	inse)
	 Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
	() Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
	 Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
	 Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours. 	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
[]	Patient Education Prior to Sheath Removal and Discharge	
		Routine, Once, Starting S For 1 Occurrences
	removal	Patient/Family: Patient Education for: Other (specify),Activity

[]	Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient
		Education for: Other (specify), Activity, Discharge, Smoking cessation
		counseling
		Specify: Patient education prior to discharge.
		Provide discharge instruction on emergent physician contact/symptom
		reporting due to
		bleeding/hematoma/swelling/pain/tenderness/numbness/tingling,
		Activity and Limitations and site care.
		Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with
		the affected arm for 48 hrs., and site care., Post-op
1	Pre-Sheath Removal	
'n	Vital signs prior to sheath removal	Routine, Every 15 min
		Vital signs prior to sheath removal - Obtain base line vital signs, include
		verified ACT results of less than 160 or within parameters ordered by
		physician, unless otherwise ordered by the physician. For Temp, check
		every 4 hours., Post-op
[]	Assist patient to void	Routine, Once For 1 Occurrences
		Assist patient to void prior to sheath removal., Post-op
[]	Assess pre-sheath cath site	Routine, Once For 1 Occurrences
		Assess for signs and symptoms of hematoma or other vascular
		compromise distal to site on arrival unless otherwise ordered by the
		physician.
		If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
<u>г 1</u>	Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S
[]	T allent transferred with sheaths left in place	Patient transferred with Sheaths left in place., Post-op
[]	Apply hemostatic patch after assessment	Routine, Until discontinued, Starting S
	for hematoma, distal pulses.	Apply pressure proximal to site, place patch over site, slowly remove
	, ,	sheath, allow blood to moisten patch. Apply direct pressure to
		site/proximal pressure for 1/2 allotted time. Slowly release proximal
		pressure, continue direct pressure over the site for a minimum of 20
		minutes for PCI/10 minutes for diagnostic cath., Post-op
[]	Antegrade sheaths present	Routine, Until discontinued, Starting S
		Antegrade sheath must be pulled by Physicians or appropriately trained
1	Deat Sheeth Demoval	staff in the Cath Lab setting., Post-op
	Post-Sheath Removal Vital signs after sheath removal	Routine, Every 15 min For Until specified
[]	vital signs aller sheathrenioval	Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4,
		and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Assess post-sheath cath site	Routine, Every 15 min For Until specified
		Assess site for signs and symptoms of a hematoma or other vascular
		compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and
		Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Site care	Routine, Once
		Site: catheter site
		Ensure complete hemostasis at catheter site, palpate for hematoma,
		apply appropriate dressing. At a minimum, cover site with 2X2 gauze
[]	Accord for pulse distal to concern site	and transparent dressing., Post-op
[]	Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal
	postoneau remova	Side:
		Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4
		hours x4 unless otherwise ordered by physician., Post-op
[]	Neurological assessment after sheath	Routine, Every 15 min For Until specified
	removal	Assessment to Perform:
		Assess/document neurological assessment Q 15 min x4, Q 30 min x4,
		Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.,
		Post-op

] The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal of a systolic blood if pressure >160mmHg., Post-op
] Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
] The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, capillary refill > 3 seconds, cynosis, numbness and/or pain in affected extremity, bleeding, hematoma formation, or signs of complication., Post-op
] Follow Femostop manufacturer's guidelines in package insert.	Routine, Until discontinued, Starting S, Post-op
 Activity Post Sheath Removal-Femoral Approa (Selection Required) 	ch
[] Bed rest times following Procedure using fem access are: (Must Select One) (Single Respon (Selection Required)	
() Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
() Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
 Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
 Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours. 	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
] Patient Education Prior to Sheath Removal and Discharge	d Hospital
 Patient education prior to post-sheath removal 	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op
Pre-Sheath Removal	Deuties Europatie
[] Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, includ verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op

[]	Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
[]	Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma
[]	Patient transferred with sheaths left in place	documentation., Post-op Routine, Until discontinued, Starting S
		Patient transferred with Sheaths left in place., Post-op
[]	Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal
		pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[]	Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately traine staff in the Cath Lab setting., Post-op
[]_	Post-Sheath Removal	
[]	Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Assess post-sheath cath site	Routine, Every 15 min For Until specified Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[]	Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q hours x4 unless otherwise ordered by physician., Post-op
[]	Neurological assessment after sheath	Routine, Every 15 min For Until specified
	removal	Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
dial	- Sheath Removal	
Rad	dial Compression Device (Selection Required)	
- F	NOTIFY: The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op
	Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheat may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
-	The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
- C	Place/Maintain Sequential Compression Device following Manufacturer nsert/instructions.	Routine, Continuous Follow manufacturer insert/instructions for use, physician orders, or Progressive Cuff Deflation instruction specific to Diagnostic or Interventional Procedure performed. Radial Band, Post-op

() Diagnostic Procedures only (Selection Require	cd)
[] 30 minutes after Radial Compression	Routine, Until discontinued, Starting S
Device applied	deflate 3cc of air from cuff. If no bleeding occurs from site, deflate 3cc of air from the Radial Compression Device every 5 minutes until all air is completely removed. If bleeding occurs when 3cc of air is removed, re-inflate with 3cc of air. Wait 15 minutes, then restart releasing 3cc of air every 5 minutes until all air is completely removed. If site remains free of bleeding/hematoma after 5 min, remove TR band, apply dressing., Post-op
[] Monitor access site and extremity distal to puncture wound	Routine, Until discontinued, Starting S every 15 minutes until Radial Compression Device is removed., Post-op
[] Assess for absence of ulnar pulse, caplilary refill greater than 3 seconds, cyanosis, numbness and/or pain in affected extremity.	Routine, Until discontinued, Starting S, If any of these are present, notify the procedural Cardiologist.
() Interventional Procedures only (Selection Requ	uired)
 2 hours after Radial Compression Device applied deflate 3cc 	Routine, Until discontinued, Starting S if no bleeding at site, deflate 3cc every 10 min until all air removed from cuff. If bleeding occurs when 3cc of air is removed, re-inflate with 3cc of air. Wait 30 minutes then restart releasing 3cc of air every 10 minutes until all air has been removed. If site remains free of bleeding/hematoma after 5 min, remove TR band, apply dressing., Post-op
[] Evaluate access site for bleeding as follows:	Routine, Until discontinued, Starting S every 15 minutes x 4; every 30 minutes x2; and every hour x2., Post-op
[] Patient Education Prior to Sheath Removal and Discharge	
[] Patient education prior to post-sheath	Routine, Once, Starting S For 1 Occurrences
removal	Patient/Family: Patient
	Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of
[] Patient education prior to discharge	warmth, moistness, swelling, numbness or pain at insertion site., Post-op Routine, Prior to discharge, Starting S Patient/Family: Patient
	Education for: Other (specify), Activity, Discharge, Smoking cessation counseling
	Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to
	bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care.
	Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op
[] Pre-Sheath Removal	
[] Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check
[] Assist patient to void	every 4 hours., Post-op Routine, Once For 1 Occurrences
	Assist patient to void prior to sheath removal., Post-op
[] Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma
[] Patient transferred with sheaths left in place	documentation., Post-op Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op

[]	Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[]	Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[]	Post-Sheath Removal (Selection Required)	
[]	Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Peripheral vascular assessment - Monitor access site	Routine, Every 15 min Monitor access site, extremity distal to puncture every 15 min until Radial approach cath band removed., Post-op
[]	Notify physician of bleeding and/or loss of pulses.	Routine, Until discontinued, Starting S, Notify physician of bleeding and/or loss of pulses., Post-op
[]	Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[]	No blood pressure readings, lab draws, or IV access	Routine, Until discontinued, Starting S No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours., Post-op
[]	Limit movement in affected arm 6 hrs post procedure	Routine, Until discontinued, Starting S keep wrist straight, refrain from lifting or pushing with the affected arm for 48 hrs. If needed, place wrist on arm board to restrict movement., Post-op
[]	Patient may ambulate 30 minutes after arrival in recovery area.	Routine, Until discontinued, Starting S Specify: Other activity (specify) Other: Patient may ambulate 30 minutes after arrival in recovery area. Post-op
[]	Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[]	Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
]_Ma	anual Pressure - without Radial Compression [Device
	The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal of a systolic blood if pressure >160mmHg., Post-op
	Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
	The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
	Patient Education Prior to Sheath Removal ar Discharge	

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[]	Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
[]	Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to
		bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op
[]	Pre-Sheath Removal	
[]	Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op
[]	Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
[]	Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[]	Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
[]	Apply hemostatic patch after assessment for hematoma, distal pulses.	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[]	Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[]	Post-Sheath Removal	
[]	Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Notify physician of bleeding and/or loss of pulses.	Routine, Until discontinued, Starting S, Notify physician of bleeding and/or loss of pulses., Post-op
[]	Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[]	No blood pressure readings, lab draws, or IV access	Routine, Until discontinued, Starting S No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours., Post-op
[]	Limit movement in affected arm 6 hrs post procedure	Routine, Until discontinued, Starting S keep wrist straight, refrain from lifting or pushing with the affected arm for 48 hrs. If needed, place wrist on arm board to restrict movement., Post-op

[] Patient may ambulate 30 minutes after	Routine, Until discontinued, Starting S Specify: Other activity (specify)
arrival in recovery area.	Other: Patient may ambulate 30 minutes after arrival in recovery area.
	Post-op
[] Assess for pulse distal to assess site	Routine, Every 15 min For Until specified
post-sheath removal	Pulses to assess: Distal
	Side:
	Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[] Neurological assessment after sheath	Routine, Every 15 min For Until specified
removal	Assessment to Perform:
	Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q
	1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
	1 0st-op
Diet	
] NPO	Diet effective now, Starting S
	NPO: Bro Operative facting options:
NPO - except meds	Pre-Operative fasting options: Diet effective now, Starting S
	NPO: Except meds
	Pre-Operative fasting options:
] Diet	Diet effective now, Starting S
	Diet(s):
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	IDDSI Liquid Consistency:
	IDDSI Liquid Consistency: Fluid Restriction:
V Eluido	Fluid Restriction:
IV Fluids	Fluid Restriction:
V Fluids (Single Response)	Fluid Restriction: Foods to Avoid:
V Fluids (Single Response) () sodium chloride 0.9 % infusion	Fluid Restriction: Foods to Avoid: intravenous, continuous
V Fluids (Single Response) () sodium chloride 0.9 % infusion () sodium chloride 0.9 % with potassium chloride 20 m	Fluid Restriction: Foods to Avoid: intravenous, continuous
V Fluids (Single Response) () sodium chloride 0.9 % infusion	Fluid Restriction: Foods to Avoid: intravenous, continuous nEq/L intravenous, continuous
 IV Fluids (Single Response) () sodium chloride 0.9 % infusion () sodium chloride 0.9 % with potassium chloride 20 m infusion 	Fluid Restriction: Foods to Avoid: intravenous, continuous
 IV Fluids (Single Response) sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 m infusion lactated Ringer's infusion 	Fluid Restriction: Foods to Avoid: intravenous, continuous nEq/L intravenous, continuous intravenous, continuous
 IV Fluids (Single Response) sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 m infusion lactated Ringer's infusion 	Fluid Restriction: Foods to Avoid: intravenous, continuous nEq/L intravenous, continuous intravenous, continuous intravenous, continuous
 IV Fluids (Single Response) () sodium chloride 0.9 % infusion () sodium chloride 0.9 % with potassium chloride 20 m infusion () lactated Ringer's infusion () sodium chloride with femoral sheath 	Fluid Restriction: Foods to Avoid: intravenous, continuous nEq/L intravenous, continuous intravenous, continuous intravenous, continuous
 V Fluids (Single Response) () sodium chloride 0.9 % infusion () sodium chloride 0.9 % with potassium chloride 20 m infusion () lactated Ringer's infusion () sodium chloride with femoral sheath 	Fluid Restriction: Foods to Avoid: intravenous, continuous nEq/L intravenous, continuous intravenous, continuous intravenous, continuous
 IV Fluids (Single Response) sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 m infusion lactated Ringer's infusion sodium chloride with femoral sheath Medications Light Sedation - Sheath Removal 	Fluid Restriction: Foods to Avoid: intravenous, continuous nEq/L intravenous, continuous intravenous, continuous Give with femoral sheath(s)
 IV Fluids (Single Response) () sodium chloride 0.9 % infusion () sodium chloride 0.9 % with potassium chloride 20 m infusion () lactated Ringer's infusion () sodium chloride with femoral sheath Medications Light Sedation - Sheath Removal [] morPHINE injection 	Fluid Restriction: Foods to Avoid: intravenous, continuous nEq/L intravenous, continuous intravenous, continuous Give with femoral sheath(s) intravenous, once PRN, prior to sheath removal intravenous, once PRN, prior to sheath removal
 IV Fluids (Single Response) () sodium chloride 0.9 % infusion () sodium chloride 0.9 % with potassium chloride 20 m infusion () lactated Ringer's infusion () sodium chloride with femoral sheath Medications Light Sedation - Sheath Removal [] morPHINE injection [] MIDAZolam (VERSED) injection Scheduled Medications	Fluid Restriction: Foods to Avoid: intravenous, continuous nEq/L intravenous, continuous intravenous, continuous Give with femoral sheath(s) intravenous, once PRN, prior to sheath removal intravenous, once PRN, prior to sheath removal intravenous, once PRN, prior to sheath removal Indication(s):
 IV Fluids (Single Response) () sodium chloride 0.9 % infusion () sodium chloride 0.9 % with potassium chloride 20 m infusion () lactated Ringer's infusion () sodium chloride with femoral sheath Medications [] morPHINE injection [] MIDAZolam (VERSED) injection Scheduled Medications [] aspirin chewable tablet 	Fluid Restriction: Foods to Avoid: intravenous, continuous nEq/L intravenous, continuous intravenous, continuous intravenous, continuous Give with f emoral sheath(s) intravenous, once PRN, prior to sheath removal intravenous, once PRN, prior to sheath removal Indication(s): 81 mg, oral, daily
 V Fluids (Single Response) sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 m infusion lactated Ringer's infusion sodium chloride with femoral sheath Medications morPHINE injection MIDAZolam (VERSED) injection Scheduled Medications aspirin chewable tablet aspirin tablet 	Fluid Restriction: Foods to Avoid: intravenous, continuous nEq/L intravenous, continuous intravenous, continuous intravenous, continuous Give with f emoral sheath(s) intravenous, once PRN, prior to sheath removal intravenous, once PRN, prior to sheath removal lndication(s): 81 mg, oral, daily 325 mg, oral, daily
 V Fluids (Single Response) sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 m infusion lactated Ringer's infusion sodium chloride with femoral sheath Medications morPHINE injection MIDAZolam (VERSED) injection Scheduled Medications aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet 	Fluid Restriction: Foods to Avoid: intravenous, continuous nEq/L intravenous, continuous intravenous, continuous intravenous, continuous Give with f emoral sheath(s) intravenous, once PRN, prior to sheath removal intravenous, once PRN, prior to sheath removal Indication(s): 81 mg, oral, daily
 V Fluids (Single Response) sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 m infusion lactated Ringer's infusion sodium chloride with femoral sheath Medications morPHINE injection MIDAZolam (VERSED) injection Scheduled Medications aspirin chewable tablet aspirin tablet 	Fluid Restriction: Foods to Avoid: intravenous, continuous mEq/L intravenous, continuous intravenous, continuous intravenous, continuous Give with femoral sheath(s) intravenous, once PRN, prior to sheath removal intravenous, once PRN, prior to sheath removal Indication(s): 81 mg, oral, daily 325 mg, oral, daily 325 mg, oral, daily
 IV Fluids (Single Response) sodium chloride 0.9 % infusion sodium chloride 0.9 % with potassium chloride 20 m infusion lactated Ringer's infusion sodium chloride with femoral sheath Medications Light Sedation - Sheath Removal I morPHINE injection I MIDAZolam (VERSED) injection Scheduled Medications aspirin chewable tablet aspirin tablet aspirin (ECOTRIN) enteric coated tablet clopidogrel (PLAVIX) tablet	Fluid Restriction: Foods to Avoid: intravenous, continuous mEq/L intravenous, continuous intravenous, continuous intravenous, continuous Give with femoral sheath(s) intravenous, once PRN, prior to sheath removal intravenous, once PRN, prior to sheath removal Indication(s): 81 mg, oral, daily 325 mg, oral, daily 75 mg, oral, daily
 V Fluids (Single Response) () sodium chloride 0.9 % infusion () sodium chloride 0.9 % with potassium chloride 20 m infusion () lactated Ringer's infusion () sodium chloride with femoral sheath Medications Light Sedation - Sheath Removal [] morPHINE injection [] MIDAZolam (VERSED) injection Scheduled Medications [] aspirin chewable tablet [] aspirin tablet [] aspirin (ECOTRIN) enteric coated tablet [] clopidogrel (PLAVIX) tablet [] ticagrelor (BRILINTA) tablet	Fluid Restriction: Foods to Avoid: intravenous, continuous nEq/L intravenous, continuous intravenous, continuous intravenous, continuous Give with femoral sheath(s) intravenous, once PRN, prior to sheath removal intravenous, once PRN, prior to sheath removal Indication(s): 81 mg, oral, daily 325 mg, oral, daily 325 mg, oral, daily 75 mg, oral, daily 90 mg, oral, 2 times daily

Medications - IV Infusion

for systolic blood pressure LESS than 100 mmHg. May tilitate as tolerated. I vasopressin (PITRESSIN) infusion 0.01-0.04 Units/min, intravenous, continuous May titrate to amaximum 0.04 units/min as needed for systolic blood pressure LESS than 100 mmHg. I norepinephrine (LEVOPHED) infusion 1-20 mcg/min, intravenous, continuous May titrate to a maximum 0.20 microgram/min as needed for systolic blood pressure LESS than 100 mmHg. I docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily PRN, constipation I docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily PRN, constipation I atopine injection 1 mg intravenous, every 1 hour pm, sustained heart rate LESS than 155 basis/minute, may repeat if necessary I ondansetron CDT (ZOFRAN-ODT) 4 mg, iorta/vervo B, hours PRN, nausea, vomiting Give if patentis table to tolerate oral medication. I and ansetron (ZOFRAN) M rg/2 mL injection 4 mg, iorta/vervous, every 8 hours PRN, nausea, vomiting Give if patentis UNAble to tolerate oral medication. I ondansetron (Single Response) - maximatized version of the PRP report mey bas accessed by clicking on the MaRX score on the patient's Storybaard. You may access the full version of the Texas PMP here. Pritips://weas.pmpaware.net/login) Texas PRAP Pain Management Guide 900 mg, oral, every 6 hours scheduled PCA Weaning Instructions 1 patient can tolerate oral adjust. Or to risk of accumulation of toxic metabolite, the use of morphine		
itirate as tolerated. ivasopressin (PITRESSIN) infusion 0.010-0.04 Units/min as needed for systel blood pressure less than 100 mmHg. in orepinephrine (LEVOPHED) infusion 1-20 mcg/min, intravenous, continuous May titrate to an aximum of 20 microgram/min as needed for systolic blood pressure LESS than 100 mmHg. Medications PRN 100 mg, oral, 2 times daily PRN, constipation in docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily PRN, constipation indonasetron (ZOFRAN) IV or Oral (Selection Required) Or" Linked Panel indications PRN 100 mg, oral, every 8 hours PRN, nausea, vomiting disintegrating tablet Give if patientis able to tolerate oral medication. indications (Single Response) Give if patient is able to tolerate oral medication. File or this daily PRN, nausea, vomiting diverting tablet Pain Medications (Single Response) Check Prescription monitoring program (PMP) database to assess patient's opioid therapy, it is recommended to check the prescription monitoring program (PMP) database to assess patient's opioid therapy, it is recommended to check the prescription monitoring program (PMP) database to assess patient's opioid therapy, it is recommended to check the prescription monitoring program (PMP) database to assess patient's opioid therapy, it is recommended to check the prescription monitoring program (PMP) database to assess patient's opioid therapy, it is recommended to check the prescription monitoring program (PMP) database to assess patient's opioid therapy, it is recommended to check the prescring of the Texas PMP here."] DOPamine (INTROPIN) infusion	May titrate to a maximum of 10 microgram/kg/min as needed
1 vasopressin (PITRESSIN) infusion 0.01-0.04 Units/min, intravenous, continuous May titrate to a maximum, 0.40 units/min, intravenous, continuous May titrate to a maximum, 0.40 units/min as needed for systion I onceptinephrine (LEVOPHED) infusion 1-20 mcg/min, intravenous, continuous Medications PRN 100 mg, oral, 2 times daily PRN, constipation I docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily PRN, constipation 1 artopine injection 1 mg, intravenous, every 1 hour pm, sustained heart rate 1 ondansetron (ZOFRAN-ODT) 4 mg, oral, every 8 hours PRN, nausea, vomiting 1 ondansetron (ZOFRAN-ODT) 4 mg, intravenous, every 1 hour pm, sustained heart rate 1 ondansetron (ZOFRAN-ODT) 4 mg, intravenous, every 1 hour pm, sustained heart rate 1 ondansetron (ZOFRAN-ODT) 4 mg, intravenous, every 1 hour pm, sustained heart rate 1 ondansetron (ZOFRAN) M mg/2 mL injector 4 mg, intravenous, every 1 hour pm, sustained heart rate 1 ondansetron (ZOFRAN) M mg/2 mL injector 4 mg, intravenous, every 1 hour pm, sustained heart rate 1 ondansetron (ZOFRAN) M mg/2 mL injector 4 mg, intravenous, every 6 hours State 1 on dansetron (ZOFRAN) M mg/2 mL injector 4 mg, intravenous, every 6 hours State 1 once trains of the freason preason in the rescription monitoring program (PMP) databa		
May titrate to maximum 0.04 units/min as needed for systel blood pressure less than 100 mmHg. I norepinephrine (LEVOPHED) infusion 1-20 mcg/min, intravenous, continuous May titrate to maximum 0.05 unicogram/min as needed for systel blood pressure LESS than 100 mmHg. I docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily PRN, constibution I docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily PRN, constibution I docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily PRN, constibution I docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily PRN, constibution I docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily PRN, nausea, vomiting disintegrating tablet I ondansetron (ZOFRAN) IV or Oral (Selection Required) Or' Linked Panel I ondansetron (ZOFRAN) Hmg/2 mL injection 4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patentis UNable to tolerate oral medication. I ondansetron (ZOFRAN) Mmg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patentis UNable to tolerate oral medication. Check Prescription Drug Monitoring Program. Program. Prior to initiation of opiod therapy, it is recommended to check the prescription monitoring program (PMP) database to assess patents' solid tolerance status. A summarized version of the Texas PMP here." Pain Medications (Single Response) Consider sche	1 vasopressin (PITRESSIN) infusion	
May titrate to a maximum of 20 microgram/min as needed for systolic blood pressure LESS than 100 mmHg. fedications PRN docusate socium (COLACE) capsule 100 mq, oral, 2 times daily PRN, constibution 1 mg, intravenous, every 1 hour pn, sustained heart rate LESS than 55 beats/minute, may repeat 1 necessary 1 ondansetron (ZOFRAN) IV or Oral (Selection Required) "Or" Linked Panel 1] ondansetron ODT (ZOFRAN-ODT) 4 mg, oral, every 8 hours PRN, nausea, vomiting disintegrating tablet Give if patient is able to tolerate oral medication. 1] ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is ublable to tolerate oral medication OR if a faster onse action is required. Pain Medications (Single Response) Check Prescription Drug Monitoring Program. Prior to initiation of opioid therapy, it is recommended to check the prescription monitoring program (PMP) database to assess patient's opioid tolerance status. A summarized version of the PMP report may be accessed by clicking on the NaRx Score on the patient's Storyboard. You may access the full version of the Texas PMP here." (https://texas.pmpaware.net/login) Texas PMP Pain Management Guide PCA Weaning Instructions Due to risk of accumulation of toxic metabolite, the use of morphine in patients with renal dysfunction is not recommended. An alternative opioid should be utilized, if possible. Scheduled Pain Medications (Single Response) Consider scheduled option if pain source is present and patient unable to reliably communicate needs. Do not order both scheduled and PRN NSAIDs/APAP simultaneously. () acetaminophen (TYLENOL) 500 mg tablet or liquid "Or" Linked Panel 1] acetaminophen (TYLENOL) 650 mg tablet or liquid "Or" Linked Panel 1] acetaminophen (TYLENOL) 650 mg tablet or liquid "Or" Linked Panel 1] acetaminophen (TYLENOL) 650 mg tablet or liquid "Or" Linked Panel 1] acetaminophen (TYLENOL) 650 mg tablet or liquid "Or" Linked Panel 1] acetaminophen (TYLENOL) 650 mg tablet or liquid		May titrate to maximum 0.04 units/min as needed for systloic
Image: transmission of the trease transmitransmission of the transmission of the transmission o] norepinephrine (LEVOPHED) infusion	May titrate to a maximum of 20 microgram/min as needed for
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Drinted on $11/20/2021$ at 0.00 AN from CLID	Printed on 11/30/2021 at 9:00 AM from SUP	Page 13 of 4

() celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily
() ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours scheduled
	For patients LESS THAN 65 years old. Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
) NSAIDS: For Patients GREATER than or E years old (Single Response)	QUAL to 65
() ibuprofen (ADVIL, MOTRIN) tablet or oral	suspension "Or" Linked Panel
[] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours scheduled, Post-op
	Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
[] ibuprofen (MOTRIN) 100 mg/5 mL	600 mg, oral, every 6 hours scheduled, Post-op
suspension	Not recommended for patients with eGFR LESS than 30 mL/min or
	acute kidney injury. Use if patient cannot swallow tablet.
() naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily, Post-op
() haploxell (NAPROSTN) lablel	Not recommended for patients with eGFR LESS than 30 mL/min or
	acute kidney injury.
() celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily, Post-op
() concerna (concernary) corporate	For age GREATER than or EQUAL to 65 yo and patients LESS than
	50kg. Not recommended for patients with eGFR LESS than 30 mL/mir
	or acute kidney injury.
() ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours scheduled, Post-op
PRN Pain Medications	resent and patient unable to reliably communicate needs. Monitor closely for
simultaneously. Order ONLY one short acting	and age. Do not order both scheduled and PRN NSAIDs/APAP PO and short acting IV simultaneously. Oral option and IV options to be
simultaneously. Order ONLY one short acting ordered simultaneously.] PRN Oral Medications for Mild Pain (Pain S	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3):
simultaneously. Order ONLY one short acting ordered simultaneously.	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): e Response)
simultaneously. Order ONLY one short acting ordered simultaneously.] PRN Oral Medications for Mild Pain (Pain S For Patients LESS than 65 years old (Singl Do not order both scheduled and PRN NSA	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): le Response) AIDs/APAP simultaneously.
 simultaneously. Order ONLY one short acting ordered simultaneously. PRN Oral Medications for Mild Pain (Pain S For Patients LESS than 65 years old (Singl Do not order both scheduled and PRN NSA () acetaminophen (TYLENOL) tablet OR ora OR rectal suppository 	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): e Response) AIDs/APAP simultaneously. al suspension "Or" Linked Panel
 simultaneously. Order ONLY one short acting ordered simultaneously. PRN Oral Medications for Mild Pain (Pain S For Patients LESS than 65 years old (Singl Do not order both scheduled and PRN NSA () acetaminophen (TYLENOL) tablet OR ora OR rectal suppository 	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): e Response) AIDs/APAP simultaneously. al suspension "Or" Linked Panel
 simultaneously. Order ONLY one short acting ordered simultaneously. PRN Oral Medications for Mild Pain (Pain S For Patients LESS than 65 years old (Singl Do not order both scheduled and PRN NSA () acetaminophen (TYLENOL) tablet OR ora OR rectal suppository Maximum of 4 grams of acetaminophen p 	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): e Response) AIDs/APAP simultaneously. al suspension "Or" Linked Panel er day from all sources. (Cirrhosis patients maximum: 2 grams per day from 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
 simultaneously. Order ONLY one short acting ordered simultaneously. PRN Oral Medications for Mild Pain (Pain S For Patients LESS than 65 years old (Singl Do not order both scheduled and PRN NSA () acetaminophen (TYLENOL) tablet OR ora OR rectal suppository Maximum of 4 grams of acetaminophen p sources) [] acetaminophen (TYLENOL) tablet 	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): e Response) AIDs/APAP simultaneously. al suspension "Or" Linked Panel er day from all sources. (Cirrhosis patients maximum: 2 grams per day from 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet.
 simultaneously. Order ONLY one short acting ordered simultaneously. PRN Oral Medications for Mild Pain (Pain S For Patients LESS than 65 years old (Singl Do not order both scheduled and PRN NSA () acetaminophen (TYLENOL) tablet OR ora OR rectal suppository Maximum of 4 grams of acetaminophen p sources) 	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): (e Response) AIDs/APAP simultaneously. al suspension "Or" Linked Panel (cirrhosis patients maximum: 2 grams per day from 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
 simultaneously. Order ONLY one short acting ordered simultaneously. PRN Oral Medications for Mild Pain (Pain S For Patients LESS than 65 years old (Singl Do not order both scheduled and PRN NSA () acetaminophen (TYLENOL) tablet OR ora OR rectal suppository Maximum of 4 grams of acetaminophen p sources) [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) suspension 	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): e Response) AIDs/APAP simultaneously. al suspension "Or" Linked Panel er day from all sources. (Cirrhosis patients maximum: 2 grams per day from 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.
 simultaneously. Order ONLY one short acting ordered simultaneously. PRN Oral Medications for Mild Pain (Pain S For Patients LESS than 65 years old (Singl Do not order both scheduled and PRN NSA () acetaminophen (TYLENOL) tablet OR ora OR rectal suppository Maximum of 4 grams of acetaminophen p sources) [] acetaminophen (TYLENOL) tablet 	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): e Response) AIDs/APAP simultaneously. al suspension "Or" Linked Panel er day from all sources. (Cirrhosis patients maximum: 2 grams per day from 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
 simultaneously. Order ONLY one short acting ordered simultaneously. PRN Oral Medications for Mild Pain (Pain S For Patients LESS than 65 years old (Singl Do not order both scheduled and PRN NSA () acetaminophen (TYLENOL) tablet OR ora OR rectal suppository Maximum of 4 grams of acetaminophen p sources) [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) suspension 	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): e Response) AIDs/APAP simultaneously. al suspension "Or" Linked Panel er day from all sources. (Cirrhosis patients maximum: 2 grams per day from 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution.
 simultaneously. Order ONLY one short acting ordered simultaneously. PRN Oral Medications for Mild Pain (Pain S For Patients LESS than 65 years old (Singl Do not order both scheduled and PRN NSA () acetaminophen (TYLENOL) tablet OR ora OR rectal suppository Maximum of 4 grams of acetaminophen p sources) [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) suppository 	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): e Response) AIDs/APAP simultaneously. al suspension "Or" Linked Panel er day from all sources. (Cirrhosis patients maximum: 2 grams per day from 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution.
 simultaneously. Order ONLY one short acting ordered simultaneously. PRN Oral Medications for Mild Pain (Pain S For Patients LESS than 65 years old (Singl Do not order both scheduled and PRN NSA () acetaminophen (TYLENOL) tablet OR ora OR rectal suppository Maximum of 4 grams of acetaminophen p sources) [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) suppository () ibuprofen (ADVIL, MOTRIN) tablet or oral [] ibuprofen (MOTRIN) 100 mg/5 mL 	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): e Response) AIDs/APAP simultaneously. al suspension "Or" Linked Panel er day from all sources. (Cirrhosis patients maximum: 2 grams per day from 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution. suspension "Or" Linked Panel 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication. 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
 simultaneously. Order ONLY one short acting ordered simultaneously. PRN Oral Medications for Mild Pain (Pain S For Patients LESS than 65 years old (Singl Do not order both scheduled and PRN NSA () acetaminophen (TYLENOL) tablet OR ora OR rectal suppository Maximum of 4 grams of acetaminophen p sources) [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) suppository () ibuprofen (ADVIL, MOTRIN) tablet or oral [] ibuprofen (MOTRIN) 100 mg/5 mL suspension 	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): e Response) AIDs/APAP simultaneously. al suspension "Or" Linked Panel er day from all sources. (Cirrhosis patients maximum: 2 grams per day from 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution. suspension "Or" Linked Panel 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication. 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet.
 simultaneously. Order ONLY one short acting ordered simultaneously. PRN Oral Medications for Mild Pain (Pain S For Patients LESS than 65 years old (Singl Do not order both scheduled and PRN NSA () acetaminophen (TYLENOL) tablet OR ora OR rectal suppository Maximum of 4 grams of acetaminophen p sources) [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) suppository () ibuprofen (ADVIL, MOTRIN) tablet or oral [] ibuprofen (MOTRIN) 100 mg/5 mL 	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): (e Response) AIDs/APAP simultaneously. AI suspension "Or" Linked Panel er day from all sources. (Cirrhosis patients maximum: 2 grams per day from 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution. suspension "Or" Linked Panel 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication. 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet. 250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op Not recommended for patients with eGFR LESS than 30 mL/min or
simultaneously. Order ONLY one short acting ordered simultaneously. PRN Oral Medications for Mild Pain (Pain S For Patients LESS than 65 years old (Singl Do not order both scheduled and PRN NSA () acetaminophen (TYLENOL) tablet OR ora OR rectal suppository Maximum of 4 grams of acetaminophen p sources) [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) suppository () ibuprofen (ADVIL, MOTRIN) tablet or oral [] ibuprofen (MOTRIN) 100 mg/5 mL suspension () naproxen (NAPROSYN) tablet	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): e Response) AIDs/APAP simultaneously. al suspension "Or" Linked Panel er day from all sources. (Cirrhosis patients maximum: 2 grams per day from 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 600 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication. 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet. 250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
 simultaneously. Order ONLY one short acting ordered simultaneously. PRN Oral Medications for Mild Pain (Pain S For Patients LESS than 65 years old (Singl Do not order both scheduled and PRN NSA () acetaminophen (TYLENOL) tablet OR ora OR rectal suppository Maximum of 4 grams of acetaminophen p sources) [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) suppository () ibuprofen (ADVIL, MOTRIN) tablet or oral [] ibuprofen (MOTRIN) 100 mg/5 mL suspension 	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): e Response) AIDs/APAP simultaneously. al suspension "Or" Linked Panel er day from all sources. (Cirrhosis patients maximum: 2 grams per day from 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 600 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication. 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet. 250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. 100 mg, oral, 2 times daily PRN, mild pain (score 1-3), Post-op
simultaneously. Order ONLY one short acting ordered simultaneously. PRN Oral Medications for Mild Pain (Pain S For Patients LESS than 65 years old (Singl Do not order both scheduled and PRN NSA () acetaminophen (TYLENOL) tablet OR ora OR rectal suppository Maximum of 4 grams of acetaminophen p sources) [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) suppository () ibuprofen (ADVIL, MOTRIN) tablet or oral [] ibuprofen (MOTRIN) 100 mg/5 mL suspension () naproxen (NAPROSYN) tablet	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): e Response) AIDs/APAP simultaneously. al suspension "Or" Linked Panel er day from all sources. (Cirrhosis patients maximum: 2 grams per day from 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution. suspension "Or" Linked Panel 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication. 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet. 250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. 100 mg, oral, 2 times daily PRN, mild pain (score 1-3), Post-op Not recommended for patients with eGFR LESS than 30 mL/min or
simultaneously. Order ONLY one short acting ordered simultaneously. PRN Oral Medications for Mild Pain (Pain S For Patients LESS than 65 years old (Singl Do not order both scheduled and PRN NSA () acetaminophen (TYLENOL) tablet OR ora OR rectal suppository Maximum of 4 grams of acetaminophen p sources) [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) tablet [] acetaminophen (TYLENOL) suppository () ibuprofen (ADVIL, MOTRIN) tablet or oral [] ibuprofen (MOTRIN) 100 mg/5 mL suspension () naproxen (NAPROSYN) tablet	PO and short acting IV simultaneously. Oral option and IV options to be Score 1-3): e Response) AIDs/APAP simultaneously. al suspension "Or" Linked Panel er day from all sources. (Cirrhosis patients maximum: 2 grams per day from 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 600 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication. 600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet. 250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. 100 mg, oral, 2 times daily PRN, mild pain (score 1-3), Post-op

 PRN Oral Medications for Mild Pain (Pain Score 1-3): For Patients GREATER than or EQUAL to 65 years old (Single Response)

response. Adjust dose for renal/liver function ar	sent and patient unable to reliably communicate needs. Monitor closely for nd age. Do not order both scheduled and PRN NSAIDs/APAP PO and short acting IV simultaneously. Oral option and IV options to be
() acetaminophen (TYLENOL) tablet OR oral su	spension "Or" Linked Panel
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient can tolerate oral tablet.
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.
 PRN Oral Medications for Moderate Pain (Pain 4-6): For Patients LESS than 65 years old (Sing Response) 	gle
() acetaminophen-codeine (TYLENOL #3) tablet	
 acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet 	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 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 4 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/N:
() HYDROcodone-acetaminophen 5/325 (NORC OR elixir	CO) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per dasources)	ay 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), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Tablets may be crushed. Give if patient able to swallow tablet
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Max daily dose 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
 PRN Oral Medications for Moderate Pain (Pain 4-6): For Patients GREATER than or EQUAL to old (Single Response) 	Score o 65 years
() acetaminophen-codeine (TYLENOL #3) tablet	
 acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet 	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 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 4 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/N:
() HYDROcodone-acetaminophen 5/325 (NORC OR elixir	CO) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per da sources)	ay 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), Post-op Give if patient able to swallow tablet.
 [] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution 	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
 () oxyCODONE (ROXICODONE) immediate release tablet 	2.5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Tablets may be crushed. Give if patient able to swallow tablet
() traMADoL (ULTRAM) tablet	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
[] PRN IV Medications for Moderate Pain (Pain Se For Patients LESS than 65 years old if unable t Oral Pain Medication. (Single Response)	
Due to risk of toxicity, the use of morphine prod recommended. An alternative opioid should be	lucts in patients with renal dysfunction, particularly in ESRD, is not utilized.
() morPHINE injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain
	unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications
() ketorolac (TORADOL) IV (Single Response)	
Do NOT use in patients with eGFR LESS than	n 30 mL/min. ent of perioperative pain OR in the setting of coronary artery bypass graft
() For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient is NPO, unable to swallow oral medication, or if pain
(TORADOL) injection	unrelieved 60 minutes after giving oral pain medications
[] PRN IV Medications for Moderate Pain (Pain Se For Patients GREATER than or EQUAL to 65 y unable to tolerate Oral Pain Medication. (Single Response)	core 4-6): ears old if
Due to risk of toxicity, the use of morphine prod	lucts in patients with renal dysfunction, particularly in ESRD, is not utilized. (adjust dose for renal/liver function and age)
() morPHINE injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications

[] PRN Oral Medications for Severe Pain (Pain Severe Pain): For Patients LESS than 65 years old (Sir Response)	
Due to risk of toxicity, the use of morphine prod recommended. An alternative opioid should be	lucts in patients with renal dysfunction, particularly in ESRD, is not utilized.
() HYDROcodone-acetaminophen 10/325 (NOR OR elixir	CO) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per desources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
 [] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet 	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet.
 [] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution 	20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
() morPHINE immediate-release tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet
() oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet
 PRN Oral Medications for Severe Pain (Pain Se 7-10): For Patients GREATER than or EQUAL years old (Single Response) 	
Due to risk of toxicity, the use of morphine prod recommended. An alternative opioid should be	lucts in patients with renal dysfunction, particularly in ESRD, is not utilized.
() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Oral tablets may be crushed. Give if patient able to swallow tablet
() morPHINE immediate-release tablet	7.5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Oral tablets may be crushed. Give if patient able to swallow tablets.
() HYDROcodone-acetaminophen 7.5/325 (NOF OR elixir	
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
() HYDROcodone-acetaminophen 10/325 (NOR OR elixir	
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, severe pain (score 7-10) Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
[] PRN IV Medications for Severe Pain (Pain Sco For Patients LESS than 65 years old if unable t Oral Pain Medication. (Single Response)	re 7-10):
	lucts in patients with renal dysfunction, particularly in ESRD, is not utilized.

() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10),
	Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60
	minutes after giving oral pain medications.
() morPHINE injection	4 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op
	Give if patient is NPO, unable to swallow oral medication, or if pain
	unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10),
	Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
PRN IV Medications for Severe Pain (Pain Sc	
For Patients GREATER than or EQUAL to 65 unable to tolerate Oral Pain Medication. (Sing Response)	years old if
	oducts in patients with renal dysfunction, particularly in ESRD, is not e utilized.
() fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
	Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
() morPHINE injection	2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op
	Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 4 hours PRN, severe pain (score 7-10),
	Post-op
Γ Risk and Prophylaxis Tool (Single Respons	Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
T Risk and Prophylaxis Tool (Single Respons /TE/DVT Risk Definitions Patient currently has an active order for therape	Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" utic
T Risk and Prophylaxis Tool (Single Respons /TE/DVT Risk Definitions Patient currently has an active order for therape	Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" utic
 T Risk and Prophylaxis Tool (Single Respons (TE/DVT Risk Definitions) Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis 	Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" utic tification //e order for
T Risk and Prophylaxis Tool (Single Respons /TE/DVT Risk Definitions Patient currently has an active order for theraper anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)) Moderate Risk - Patient currently has an activ	Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" utic tification //e order for (Selection
 T Risk and Prophylaxis Tool (Single Respons (TE/DVT Risk Definitions) Patient currently has an active order for theraper anticoagulant or VTE prophylaxis with Risk Stratt (Single Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) Moderate risk of VTE 	Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" utic tification /e order for (Selection Routine, Once
 T Risk and Prophylaxis Tool (Single Respons /TE/DVT Risk Definitions Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) 	Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" utic tification //e order for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
 T Risk and Prophylaxis Tool (Single Respons (TE/DVT Risk Definitions) Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE 	Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" utic tification //e order for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
 T Risk and Prophylaxis Tool (Single Respons (TE/DVT Risk Definitions) Patient currently has an active order for theraper anticoagulant or VTE prophylaxis with Risk Stratt (Single Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single 	Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" utic tification /e order for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response)
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[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
[] Place sequential compression device (Single	Therapy for the following:
 () Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 High Risk - Patient currently has an active or therapeutic anticoagulant or VTE prophylaxis Required) 	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 High Risk - Patient currently has an active or therapeutic anticoagulant or VTE prophylaxis Required) 	
[] High risk of VTE	Routine, Once
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fa	actors
[] Low Risk (Single Response) (Selection Requ	ired)
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation
MODERATE Risk of DVT - Surgical (Selection F	

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

Moderate Risk Definition Pharmacologic prophylaxis must be addressed contraindicated.	d. Mechanical prophylaxis is optional unless pharmacologic is
	s: ammation, dehydration, varicose veins, cancer, sepsis, obesity, previous ase, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 h Less than fully and independently ambulatory	IOURS
Estrogen therapy	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis	
Patient (Single Response) (Selection Requir () Contraindications exist for pharmacologic p	
BUT order Sequential compression device	
[] Contraindications exist for pharmacologic	
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic p AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single R (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1
	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 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER ANI	
CrCl GREATER than 30 mL/min	Starting S+1

For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1

() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	
	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) Required)	(Selection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression device continuous	Routine, Continuous
MODERATE Risk of DVT - Non-Surgical (Sele Required)	ection
contraindicated. One or more of the following medical condition CHF, MI, lung disease, pneumonia, active infla	d. Mechanical prophylaxis is optional unless pharmacologic is ns: ammation, dehydration, varicose veins, cancer, sepsis, obesity, previous ease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 h Less than fully and independently ambulatory Estrogen therapy	hours
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 Prophylaxi Non-Surgical Patient (Single Response) (Se Required) 	
 Contraindications exist for pharmacologic Order Sequential compression device 	prophylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
•••	contraindication(s): Routine, Continuous
 prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic AND mechanical prophylaxis 	contraindication(s): Routine, Continuous prophylaxis "And" Linked Panel
 prophylaxis Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic 	contraindication(s): Routine, Continuous prophylaxis "And" Linked Panel
 prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic AND mechanical prophylaxis [] Contraindications exist for pharmacologic 	contraindication(s): Routine, Continuous prophylaxis "And" Linked Panel c Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following
 prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical 	contraindication(s): Routine, Continuous prophylaxis "And" Linked Panel c Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single F 	contraindication(s): Routine, Continuous prophylaxis "And" Linked Panel c Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis [] Contraindications exist for mechanical prophylaxis [] Contraindications exist for mechanical prophylaxis 	contraindication(s): Routine, Continuous prophylaxis "And" Linked Panel c Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Response) 40 mg, subcutaneous, daily at 1700, Starting S 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 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
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT), do NOT order this
	medication. Contraindicated in patients LESS than 50kg, prior to
	surgery/invasive procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s
	Routine, Continuous
() Place/Maintain sequential compression	
device continuous	
)
device continuous)
device continuous HIGH Risk of DVT - Surgical (Selection Required High Risk Definition	
device continuous HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis	
device continuous HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	s must be addressed.
device continuous HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari	s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
device continuous HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n	s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
device continuous HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg	s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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device continuous HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas	s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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device continuous HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n 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	s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
device continuous HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n 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	s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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Indication(s): VTE Prophylaxis		
() patients weight between 100-139 kg AND 30 mg, subcutaneous, 2 times daily, Starting S		Indication(s): VTE Prophylaxis
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Indication(s): VTE Prophylaxis		Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30

() patients weight 140 kg or GREATER AND	
CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min
() fondonorinum (A DIVTRA) injection	Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily
() fondaparinux (ARIXTRA) injection	
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warf arin (COUMADIN) tablet	oral, daily at 1700
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	election
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
) HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio	n
Required)	
Link Disk Definition	
High Risk Definition Both pharmacologic AND mechanical prophylaxis	must be addressed
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Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required)	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once r Knee se)
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Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required)	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n 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 (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once r Knee se) Routine, Once nx fine se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n 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 [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n 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 (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once r Knee se) Routine, Once nx fine se) Routine, Once nx fine se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n 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 [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection R	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once r Knee Se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required)
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n 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 [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once r Knee Se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; mechanical prophylaxis 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 Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () Apixaban and Pharmacy Consult (Selection Required) [] apixaban (ELIQUIS) tablet	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once r Knee Se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n 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 OVTE [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () Apixaban and Pharmacy Consult (Selection R [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n 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 OVTE [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection R [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n 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 [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection F [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Res	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n 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 [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection R [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 tequired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n 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 [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection F [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Res	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis Ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n 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 [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection R [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once r Knee see) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis

()	enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 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 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 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 CrCI GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
. ,	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
()	weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
	Rivaroxaban and Pharmacy Consult (Selectio Required)	
[]	rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[]	Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
F	Mechanical Prophylaxis (Single Response) (Se Required)	
()	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
• • •	Place/Maintain sequential compression device continuous	Routine, Continuous
	sk and Prophylaxis Tool (Single Response) /DVT Risk Definitions) (Selection Required) URL:
		"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
D - 1	ient currently has an active order for therapeut coagulant or VTE prophylaxis with Risk Stratif	
anti (Sir	ngle Response) (Selection Required)	
anti (Sir () N t		

 Low Risk (Single Response) (Selection Requi Low risk of VTE 	red) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga
Age less than 60 years and NO other VTE risk fa	actors
LOW Risk of DVT (Selection Required) Low Risk Definition	
device continuous	
() Place/Maintain sequential compression	contraindication(s):
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following
 Place sequential compression device (Single () Contraindications exist for mechanical 	Response) Routine, Once
	Therapy for the following:
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
[] Patient currently has an active order for	Routine, Once
Required) [] High risk of VTE	Routine, Once
) High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis	
() Place/Maintain sequential compression device continuous	Routine, Continuous
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
 Place sequential compression device (Single () Contraindications exist for mechanical 	Response) Routine, Once
prophylaxis	therapeutic anticoagulation for other indication. Therapy for the following:
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
[] Patient currently has an active order for	Routine, Once
[] High risk of VTE	Routine, Once
therapeutic anticoagulant or VTE prophylaxis Required)	(Selection
) High Risk - Patient currently has an active ord	
device continuous	
() Place/Maintain sequential compression	Routine, Continuous
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Contraindications exist for mechanical	Routine, Once
[] Place sequential compression device (Single	e Response)
prophylaxis	therapeutic anticoagulation for other indication. Therapy for the following:
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
 Moderate risk of VTE Patient currently has an active order for 	Routine, Once Routine, Once
therapeutic anticoagulant or VTE prophylaxis Required)	
) Moderate Risk - Patient currently has an activ	e order for
() Place/Maintain sequential compression device continuous	Routine, Continuous
prophylaxis	contraindication(s):
() Contraindications exist for mechanical	Routine, Once No mechanical VTE prophylaxis due to the following
[] Place sequential compression device (Single	
	Therapy for the following:
prophylaxis	therapeutic anticoagulation for other indication.
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on

contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamn	lechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S	
Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prop	
BUT order Sequential compression device	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	bhylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min 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 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 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 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 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

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 HEParin (porcine) injection - For Patients with weight GREATER than 100 kg 	
	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
() Place/Maintain sequential compression device continuous	Routine, Continuous
MODERATE Risk of DVT - Non-Surgical (Selection Required)	on
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. N contraindicated. One or more of the following medical conditions:	lechanical prophylaxis is optional unless pharmacologic is
CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease,	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , 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 hour Less than fully and independently ambulatory	rs
Estrogen therapy Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Madarata Dialy (Calastian Daminad)	
[] Moderate Risk (Selection Required)	Deutine Orec
[] Moderate risk of VTE	Routine, Once
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) 	tion
 Contraindications exist for pharmacologic prop Order Sequential compression device 	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	phylaxis "And" Linked Panel
device continuous () Contraindications exist for pharmacologic prop	Routine, Once No pharmacologic VTE prophylaxis due to the following
 device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic 	phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following
 device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Res 	hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis 	Phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): No mechanical VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S+1
 device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): No mechanical VTE prophylaxis due to the following contraindication(s): ponse)

() patients weight 140 kg or GREATER AN CrCl GREATER than 30 mL/min	ID 40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 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
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT), do NOT order this
	medication. Contraindicated in patients LESS than 50kg, prior to
	surgery/invasive procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommende	
for patients with high risk of bleeding, e.g.	
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	Recommended for patients with high risk of bleeding, e.g. weight
с с С	GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response)	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Surgical (Selection Requ	
	prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
Address both pharmacologic and mechanical	
Address both pharmacologic and mechanical I High Risk (Selection Required) [] High risk of VTE	prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once
Address both pharmacologic and mechanical I High Risk (Selection Required) I High risk of VTE I High Risk Pharmacological Prophylaxis - S	prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once
Address both pharmacologic and mechanical [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - S (Single Response) (Selection Required)	prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once urgical Patient
Address both pharmacologic and mechanical [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - S (Single Response) (Selection Required) () Contraindications exist for pharmacologic	prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once urgical Patient Routine, Once
Address both pharmacologic and mechanical [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - S (Single Response) (Selection Required)	prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once urgical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following
Address both pharmacologic and mechanical [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - S (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis	prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once urgical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Address both pharmacologic and mechanical [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - S (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single	prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once urgical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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Address both pharmacologic and mechanical [] High Risk (Selection Required) [] High Risk Of VTE [] High Risk Pharmacological Prophylaxis - S (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AN CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AN CrCl GREATER than 30 mL/min	prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once urgical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Response) 40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis n 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis D 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis ID 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
Address both pharmacologic and mechanical [] High Risk (Selection Required) [] High Risk Of VTE [] High Risk Pharmacological Prophylaxis - S (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AN CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AN CrCl GREATER than 30 mL/min	prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once urgical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Response) 40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis n 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis D 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis ID 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

() heparin (porcine) injection (Recomm	
for patients with high risk of bleeding weight < 50kg and age > 75yrs)	I, e.g. Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Pat	
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfar (COUMADIN)	in STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Non-Surgical (Selec	tion Required)
Address both pharmacologic and mecha	nical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylax Patient (Single Response) (Selection	Required)
() Contraindications exist for pharmaco	
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (S	
(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1 Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 m	
•••	For Patients with CrCL LESS than 30 mL/min
	Indication(s): VTE Prophylaxis
() patients weight between 100-139 k CrCl GREATER than 30 mL/min	g AND 30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATE CrCl GREATER than 30 mL/min	R AND 40 mg, subcutaneous, every 12 hours at 0900, 2100 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
	If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatic Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recomm	
for patients with high risk of bleeding weight < 50kg and age > 75yrs)	
() HEParin (porcine) injection - For Pat	
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfar (COUMADIN)	in STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Surgical (Hip/Knee) Required)	
	nical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
······································	
] High Risk (Selection Required)	
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once
] High Risk (Selection Required)	is - Hip or Knee

() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following
μισμιγιαλίο	contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection Re	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
	Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
() enovapann (LOV LNOV) synnge	Starting S+1
$()$ analyzing $(I \cap V \in N \cap X)$ suring a For	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 For Patients with CrCL LESS than 30 mL/min.
Patients with GICL LESS than 30 mL/min	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and	Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 3
	mL/min.
	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 140 kg or	Starting S+1
GREATER and CrCl GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 3
mL/min	mL/min
	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LES
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this	Indications: VTE prophylaxis
admission	
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
T Risk and Prophylaxis Tool (Single Response)	
/TE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK

DEFINITIONS.pdf"

anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)	
) Moderate Risk - Patient currently has an activ	e order for
therapeutic anticoagulant or VTE prophylaxis	
Required)	
Moderate risk of VTE	Routine, Once
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.
propriyaxio	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyaxio	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	Routine, continuous
) Moderate Risk - Patient currently has an activ	e order for
therapeutic anticoagulant or VTE prophylaxis	
Required)	
Moderate risk of VTE	Routine, Once
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:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
proprijanio	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
) High Risk - Patient currently has an active orc	lerfor
therapeutic anticoagulant or VTE prophylaxis	
Required)	
High risk of VTE	Routine, Once
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:
Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
) High Risk - Patient currently has an active orc	ler for
therapeutic anticoagulant or VTE prophylaxis	
Required)	·
] High risk of VTE	Routine, Once
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:
[] Place sequential compression device (Single	
	Routine, Once
() Contraindications exist for mechanical	
() Contraindications exist for mechanical prophylaxis	No mechanical VIE proprivaxis que to the tollowing
() Contraindications exist for mechanical prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
	contraindication(s): Routine, Continuous

Low Risk Definition Age less than 60 years and NO other VTE risk fac	tors
[] 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
() MODERATE Risk of DVT - Surgical (Selection Red	early ambulation
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. Mo contraindicated.	echanical prophylaxis is optional unless pharmacologic is
	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour	S
Less than fully and independently ambulatory	
Estrogen therapy Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
 [] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required) 	Surgical
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min 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 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 (TIME CRITICAL), Starting S+1 For Patient weight of 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 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
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 MODERATE Risk of DVT - Non-Surgical (Selection Required) 	on
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome Irs
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
 [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) 	ction
() Contraindications exist for pharmacologic pro Order Sequential compression device	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once
[] Contraindications exist for mechanical	No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once

	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min 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 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 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 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
$\overline{()}$	HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
. ,	with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
	(COUMADIN) Mechanical Prophylaxis (Single Response) (Se Required)	Indication: lection
()	Contraindications exist for mechanical	Routine, Once
()	prophylaxis Place/Maintain sequential compression	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous
1.110	device continuous	
	GH Risk of DVT - Surgical (Selection Required)	
Bo On Thr or p Se Ac Mu Ab	Ih Risk Definition th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[]_ []	High Risk (Selection Required) High risk of VTE	Routine, Once
(High Risk Pharmacological Prophylaxis - Surgi Single Response) (Selection Required)	cal Patient
()	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following

() enoxaparin (LOV	ENOV) avringe	
	ENOX) Synnge	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() patients with CrC	L LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight b CrCl GREATER t	etween 100-139 kg AND han 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight 14 CrCl GREATER t	40 kg or GREATER AND han 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARI)	XTRA) injection	Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) i	njection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) ii	njection (Recommended gh risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
	injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREA		For patients with weight GREATER than 100 kg.
() warfarin (COUMAI	,	oral, daily at 1700, Starting S+1 Indication:
(COUMADIN)	to manage warfarin	STAT, Until discontinued, Starting S Indication:
	axis (Single Response) (Sel	ection
Required) () Contraindications (exist for mechanical	Routine, Once
prophylaxis		No mechanical VTE prophylaxis due to the following contraindication(s
	quential compression	Routine, Continuous
device continuous		
device continuous	on-Surgical (Selection Requi	red)
device continuous) HIGH Risk of DVT - No High Risk Definition	on-Surgical (Selection Requi	·
device continuous) HIGH Risk of DVT - No High Risk Definition Both pharmacologic Al	on-Surgical (Selection Requi	·
device continuous) HIGH Risk of DVT - No High Risk Definition Both pharmacologic Al One or more of the foll	on-Surgical (Selection Requi ND mechanical prophylaxis r lowing medical conditions:	must be addressed.
device continuous) HIGH Risk of DVT - No High Risk Definition Both pharmacologic Al One or more of the foll Thrombophilia (Factor or protein S deficiency Severe fracture of hip,	on-Surgical (Selection Requi ND mechanical prophylaxis r lowing medical conditions: V Leiden, prothrombin varia ; hyperhomocysteinemia; my pelvis or leg	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
device continuous) HIGH Risk of DVT - No High Risk Definition Both pharmacologic Al One or more of the foll Thrombophilia (Factor or protein S deficiency	on-Surgical (Selection Requi ND mechanical prophylaxis r lowing medical conditions: V Leiden, prothrombin varia ; hyperhomocysteinemia; my pelvis or leg ry with paresis	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
device continuous) HIGH Risk of DVT - No High Risk Definition Both pharmacologic Al One or more of the foll Thrombophilia (Factor or protein S deficiency Severe fracture of hip, Acute spinal cord inju Multiple major traumas Abdominal or pelvic su	Dn-Surgical (Selection Requi ND mechanical prophylaxis r lowing medical conditions: V Leiden, prothrombin varia ; hyperhomocysteinemia; my pelvis or leg iry with paresis s urgery for CANCER	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
device continuous) HIGH Risk of DVT - No High Risk Definition Both pharmacologic Al One or more of the foll Thrombophilia (Factor or protein S deficiency Severe fracture of hip, Acute spinal cord inju Multiple major traumas Abdominal or pelvic su Acute ischemic stroke	Dn-Surgical (Selection Requi ND mechanical prophylaxis r lowing medical conditions: V Leiden, prothrombin varia ; hyperhomocysteinemia; my pelvis or leg iry with paresis s urgery for CANCER	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
device continuous) HIGH Risk of DVT - No High Risk Definition Both pharmacologic Al One or more of the foll Thrombophilia (Factor or protein S deficiency Severe fracture of hip, Acute spinal cord inju Multiple major traumas Abdominal or pelvic su	Dn-Surgical (Selection Requi ND mechanical prophylaxis r lowing medical conditions: V Leiden, prothrombin varia ; hyperhomocysteinemia; my pelvis or leg iry with paresis s urgery for CANCER	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
device continuous) HIGH Risk of DVT - No High Risk Definition Both pharmacologic Al One or more of the foll Thrombophilia (Factor or protein S deficiency Severe fracture of hip, Acute spinal cord inju Multiple major traumas Abdominal or pelvic su Acute ischemic stroke History of PE	on-Surgical (Selection Requi ND mechanical prophylaxis r lowing medical conditions: V Leiden, prothrombin varia ; hyperhomocysteinemia; my pelvis or leg ry with paresis s urgery for CANCER	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
device continuous) HIGH Risk of DVT - No High Risk Definition Both pharmacologic Al One or more of the foll Thrombophilia (Factor or protein S deficiency Severe fracture of hip, Acute spinal cord inju Multiple major traumas Abdominal or pelvic su Acute ischemic stroke History of PE	on-Surgical (Selection Requi ND mechanical prophylaxis r lowing medical conditions: V Leiden, prothrombin varia ; hyperhomocysteinemia; my pelvis or leg ry with paresis s urgery for CANCER	must be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C /eloproliferative disorders)
device continuous) HIGH Risk of DVT - No High Risk Definition Both pharmacologic Al One or more of the foll Thrombophilia (Factor or protein S deficiency Severe fracture of hip, Acute spinal cord inju Multiple major traumas Abdominal or pelvic su Acute ischemic stroke History of PE	on-Surgical (Selection Requi ND mechanical prophylaxis r lowing medical conditions: V Leiden, prothrombin varia ; hyperhomocysteinemia; my pelvis or leg ry with paresis s urgery for CANCER	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C /eloproliferative disorders) Routine, Once
device continuous) HIGH Risk of DVT - No High Risk Definition Both pharmacologic Al One or more of the foll Thrombophilia (Factor or protein S deficiency Severe fracture of hip, Acute spinal cord inju Multiple major traumas Abdominal or pelvic su Acute ischemic stroke History of PE	on-Surgical (Selection Requi ND mechanical prophylaxis r lowing medical conditions: V Leiden, prothrombin varia ; hyperhomocysteinemia; my pelvis or leg ry with paresis s urgery for CANCER	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C /eloproliferative disorders) Routine, Once
device continuous) HIGH Risk of DVT - No High Risk Definition Both pharmacologic Al One or more of the foll Thrombophilia (Factor or protein S deficiency Severe fracture of hip, Acute spinal cord inju Multiple major traumas Abdominal or pelvic su Acute ischemic stroke History of PE	on-Surgical (Selection Requi ND mechanical prophylaxis r lowing medical conditions: V Leiden, prothrombin varia ; hyperhomocysteinemia; my pelvis or leg ry with paresis s urgery for CANCER	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C veloproliferative disorders) Routine, Once urgical Routine, Once No pharmacologic VTE prophylaxis due to the following
device continuous) HIGH Risk of DVT - No High Risk Definition Both pharmacologic Al One or more of the foll Thrombophilia (Factor or protein S deficiency Severe fracture of hip, Acute spinal cord inju Multiple major traumas Abdominal or pelvic su Acute ischemic stroke History of PE [] High Risk (Selection [] High Risk of VTE [] High Risk Pharmace Patient (Single Resp () Contraindications of prophylaxis	on-Surgical (Selection Requi ND mechanical prophylaxis r lowing medical conditions: V Leiden, prothrombin varia ; hyperhomocysteinemia; my pelvis or leg rry with paresis s urgery for CANCER n Required) ological Prophylaxis - Non-S ponse) (Selection Required) exist for pharmacologic	Routine, Once urgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min 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 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 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 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 CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous) HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio	n
) HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio Required)	11
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	
or protein S deficiency; hyperhomocysteinemia; m	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative 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
[] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required)	r Knee
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection R	

(

[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 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 Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 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 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 For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For	Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 140 kg or GREATER and CrCI GREATER than 30 mL/min	Starting S+1 For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis
) fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 heparin (porcine) injection (Recommended 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 Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
 Rivaroxaban and Pharmacy Consult (Selectic Required) 	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Se Required)	
 Contraindications exist for mechanical prophylaxis Place/Meintein sequential compression 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 Place/Maintain sequential compression device continuous 	Routine, Continuous
bs	

Labs

Labs

[]	CBC with differential	Once, Starting S
[]	Basic metabolic panel	Once, Starting S

	Once If not done on admission
Cardiology	
Diagnostic Imaging	
Diagnostics - CT	
CT Head W Contrast CT Head Wo Contrast CTA of Head CTA of Neck	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM
Other Diagnostic Studies	
Respiratory	
Respiratory	
] Oxygen therapy	Routine, As needed Device: Nasal Cannula Rate in liters per minute: Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy:
] Oxygen therapy	Routine, Continuous Device: Non-rebreather mask Rate in liters per minute: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy:
Rehab	
Consults	
dditional Ordara	
Additional Orders	
Discharge	
Discharge Discharge Order (Single Response)	
Discharge	Routine, Once Discharge Criteria: Clearing specialty: Scheduling/ADT
Discharge Discharge Order (Single Response)	Discharge Criteria: Clearing specialty:
Discharge Order (Single Response)) Discharge patient when criteria met biscontinue tubes/drains] Discontinue Foley catheter] Discharge home with Foley catheter] Discontinue IV	Discharge Criteria: Clearing specialty:
Discharge Discharge Order (Single Response)) Discharge patient when criteria met Discontinue tubes/drains] Discontinue Foley catheter] Discharge home with Foley catheter] Discontinue IV] Deaccess port	Discharge Criteria: Clearing specialty: Scheduling/ADT Routine, Once, Scheduling/ADT Routine, Once, Scheduling/ADT Routine, Once For 1 Occurrences, Scheduling/ADT
Discharge Order (Single Response)) Discharge patient when criteria met biscontinue tubes/drains] Discontinue Foley catheter] Discharge home with Foley catheter] Discontinue IV	Discharge Criteria: Clearing specialty: Scheduling/ADT Routine, Once, Scheduling/ADT Routine, Once, Scheduling/ADT
Discharge Discharge Order (Single Response)) Discharge patient when criteria met Discontinue tubes/drains] Discontinue Foley catheter] Discharge home with Foley catheter] Discontinue IV] Deaccess port [] Deaccess Port-a-cath [] heparin, porcine (PF) 100 unit/mL injection	Discharge Criteria: Clearing specialty: Scheduling/ADT Routine, Once, Scheduling/ADT Routine, Once, Scheduling/ADT Routine, Once For 1 Occurrences, Scheduling/ADT Routine, Once, Scheduling/ADT
Discharge Discharge Order (Single Response)) Discharge patient when criteria met Discontinue tubes/drains] Discontinue Foley catheter] Discharge home with Foley catheter] Discontinue IV] Deaccess port [] Deaccess Port-a-cath [] heparin, porcine (PF) 100 unit/mL injection Discharge Activity	Discharge Criteria: Clearing specialty: Scheduling/ADT Routine, Once, Scheduling/ADT Routine, Once, Scheduling/ADT Routine, Once For 1 Occurrences, Scheduling/ADT Routine, Once, Scheduling/ADT intra-catheter, once, Scheduling/ADT
Discharge Discharge Order (Single Response)) Discharge patient when criteria met Discontinue tubes/drains] Discontinue Foley catheter] Discharge home with Foley catheter] Discontinue IV] Deaccess port [] Deaccess Port-a-cath [] heparin, porcine (PF) 100 unit/mL injection	Discharge Criteria: Clearing specialty: Scheduling/ADT Routine, Once, Scheduling/ADT Routine, Once, Scheduling/ADT Routine, Once For 1 Occurrences, Scheduling/ADT Routine, Once, Scheduling/ADT
Discharge Discharge Order (Single Response)) Discharge patient when criteria met Discharge patient when criteria met iscontinue tubes/drains] Discontinue Foley catheter] Discontinue Foley catheter] Discontinue IV] Deaccess port [] Deaccess port [] Deaccess Port-a-cath [] heparin, porcine (PF) 100 unit/mL injection Discharge Activity] Activity as tolerated	Discharge Criteria: Clearing specialty: Scheduling/ADT Routine, Once, Scheduling/ADT Routine, Once, Scheduling/ADT Routine, Once For 1 Occurrences, Scheduling/ADT Routine, Once, Scheduling/ADT intra-catheter, once, Scheduling/ADT Routine, Normal, Scheduling/ADT

[] Other restrictions (specify):	Routine, Normal, Scheduling/ADT, ***
Wound/Incision Care	
[] Discharge wound care	Routine, Normal, Scheduling/ADT, May remove large dressing the day after procedure/do not remove Steri-strips.
Discharge Diet - REQUIRED	
[] Discharge Diet	Routine, Normal, Scheduling/ADT Discharge Diet:
Patient to notify physician	
[] Call physician for:	Routine, Normal, Scheduling/ADT, Temperature greater than 100.5
[] Call physician for: Persistent nausea or vomiting	Routine, Normal, Scheduling/ADT
[] Call physician for: severe uncontrolled pain	Routine, Normal, Scheduling/ADT
[] Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)	Routine, Normal, Scheduling/ADT
[] Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Normal, Scheduling/ADT
Discharge Education	
[] Nurse to provide discharge education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide patient education Scheduling/ADT
Discharge Instructions	
Additional discharge instructions for Patient	Routine, Normal, Scheduling/ADT, ***
[] Discharge instructions for Nursing- Will not show on AVS	Routine, Once ***, Scheduling/ADT
Place Follow-Up Order	
[] Follow-up with me	Follow up with me: Clinic Contact: Follow up in: On date: Appointment Time: