Craniotomy Post-Op [1665]

General	
Common Present on Admission Diagnosis	
[] Acidosis	Post-op
Acute Post-Hemorrhagic Anemia	Post-op
[] Acute Renal Failure	Post-op
[] Acute Respiratory Failure	Post-op
[] Acute Thromboembolism of Deep Veins of Lower Extremities	Post-op
	Deat on
[] Anemia	Post-op
[] Bacteremia	Post-op
[] Bipolar disorder, unspecified	Post-op
[] Cardiac Arrest	Post-op
[] Cardiac Dysrhythmia	Post-op
[] Cardiogenic Shock	Post-op
Decubitus Ulcer	Post-op
Dementia in Conditions Classified Elsewhere	Post-op
Disorder of Liver	Post-op
[] Electrolyte and Fluid Disorder	Post-op
Intestinal Infection due to Clostridium Difficile	Post-op
Methicillin Resistant Staphylococcus Aureus Infection	Post-op
Obstructive Chronic Bronchitis with Exacerbation	Post-op
[] Other Alteration of Consciousness	Post-op
Other and Unspecified Coagulation Defects	Post-op
[] Other Pulmonary Embolism and Infarction	Post-op
[] Phlebitis and Thrombophlebitis	Post-op
[] Protein-calorie Malnutrition	Post-op
[] Psychosis, unspecified psychosis type	Post-op
[] Schizophrenia Disorder	Post-op
[] Sepsis	Post-op
[] Septic Shock	Post-op
[] Septicemia	Post-op
[] Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
[] Urinary Tract Infection, Site Not Specified	Post-op
[1] Chinary macrimination, characterspeamed	. 551.56
Elective Outpatient, Observation, or Admission (Single	Response)
() Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
oup of violon	Bed request comments:
	PACU & Post-op
() Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
	PACU & Post-op
() Admit to Inpatient	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
	PACU & Post-op

Admission or Observation (Single Response)

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

[] Consult to Social Work	Reason for Consult: Post-op
[] Modified Code	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: Post-op
[] Treatment Restrictions	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details
 [] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. 	Once, Sputum, Post-op
Contact isolation status	Details
Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	PACU & Post-op
[X] Fall precautions	Increased observation level needed: PACU & Post-op
[] Latex precautions	PACU & Post-op
[] Seizure precautions	Increased observation level needed:
[] Spinal precautions	PACU & Post-op PACU & Post-op
Nursing	
Vital Signs (Single Response)	
(X) Vital signs - T/P/R/BP	Routine, Per unit protocol With Neuro exam, PACU & Post-op
() Vital signs - T/P/R/BP (if patient going to ICU)	Routine, Every hour For 24 Hours With Neuro exam., PACU & Post-op
() Vital signs - T/P/R/BP	Routine, Every 2 hours For 999 Occurrences With Neuro exam., PACU & Post-op
Activity	
[] Strict bed rest	Routine, Until discontinued, Starting S, PACU & Post-op
[] Out of bed with assistance	Routine, Until discontinued, Starting S Specify: Out of bed, Up with assistance PACU & Post-op
[] Elevate Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 PACU & Post-op
[] Head of bed flat	Routine, Until discontinued, Starting S Head of bed: flat PACU & Post-op
Nursing	
[] Peripheral vascular assessment	Routine, Every hour For 24 Hours Then every 2 hours until discontinued., PACU & Post-op

[V] Nourological accomment	Douting Every 4 hours
[X] Neurological assessment	Routine, Every 4 hours Assessment to Perform: Cranial Nerves, Glasgow Coma
	Scale, Level of Consciousness, Pupils
	PACU & Post-op
[X] Straight cath	Routine, Every 6 hours
[A] Straight Cath	If unable to void after second straight cath, insert Foley and
	call physician., PACU & Post-op
[V] Incort/Maintain Falou and Natiful	call physician., FACO & Fost-op
[X] Insert/Maintain Foley and Notify	Davidina Once
[X] Insert Foley catheter	Routine, Once
	Type: Size:
	Urinometer needed:
	If unable to void after second attempt at straight cath, insert Foley and ca
IVI Falay astheter core	physician, PACU & Post-op
[X] Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain
IVI Notifu Dhusisian if unable to valid after	to gravity/bedside drain, PACU & Post-op
[X] Notify Physician if unable to void after	Routine, Until discontinued, Starting S, PACU & Post-op
second attempt at straight cath and Foley	
inserted	D (11 (11)
[] Foley catheter care	Routine, Until discontinued, Starting S
	Orders: Maintain
	If unable to void, leave in place times 24 hours, PACU &
	Post-op
[] Foley catheter - discontinue (Postoperative Day #2)	#1 or Routine, Per unit protocol, PACU & Post-op
[] Surgical/incision site care	Routine, Once
[] Cargical incloid rate date	Location:
	Site:
	Apply:
	Dressing Type:
	Open to air?
	PACU & Post-op
[] Reinforce dressing	Routine, As needed
[] Hemmeroe areseming	Reinforce with:
	If saturated., PACU & Post-op
[X] Strict intake and output	Routine, Every hour For 999 Occurrences, PACU & Post-op
[] Assess cath site	Routine, Every 8 hours, PACU & Post-op
Ventriculostomy drain care	Routine, Every bour For 999 Occurrences
[] Ventriculosionly drain care	Device:
	Level at (cm H2O):
	PACU & Post-op
[] ICP Monitoring and Notify	1 A00 &1 031-0p
[] ICP monitoring	Routine, Every hour For 999 Occurrences
	Record:
	Monitor and record output, PACU & Post-op
[] Notify Physician if Intracranial Pressure	Routine, Until discontinued, Starting S, PACU & Post-op
greater than 20 cm H2O for 5 minutes	Noutine, Ontil discontinued, Starting 5,1 ACC & 1 Ost-op
[] Lumbar drain care	Routine, Until discontinued, Starting S
[] Lambar dram care	Lumbar drain mgmt:
	PACU & Post-op
[X] Hemodynamic Monitoring	Routine, Every hour For 999 Occurrences
[X] Hemodynamio Monkomig	Measure: Arterial Line BP
	Arterial blood pressure (ABP)., PACU & Post-op
[X] No anticoagulants INcluding UNfractionated hep	
[7] No annocagalanto il voldani g ci viractionatea nop	Reason for "No" order: high risk of bleeding
	PACU & Post-op
[V] No anti platalat agente Maludina conirio	
[X] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S
	Reason for "No" order: high risk of bleeding
	PACU & Post-op
Notify (Solootion Postering)	
Notify (Selection Required)	

[X] Notify Physician if acute change in neurological status	Routine, Until discontinued, Starting S, PACU & Post-op
X] Notify Physician bleeding at site	Routine, Until discontinued, Starting S, PACU & Post-op
X] Notify Physician of No Bowel Movement for more than 72 hours	Routine, Until discontinued, Starting S, PACU & Post-op
Diet	
] NPO	Diet effective now, Starting S
	NPO:
	Pre-Operative fasting options:
X] Diet - Clear liquids (advance as tolerated to Regular)	PACU & Post-op Diet effective now, Starting S
A] Diet - Clear liquius (auvance as tolerated to Regular)	Diet(s): Clear Liquids
	Advance Diet as Tolerated? Yes
	Target Diet: Regular
	Advance target diet criteria: Please assess bowel sounds
	between progressions.
	IDDSI Liquid Consistency: Fluid Restriction:
	Foods to Avoid:
	When awake; advance as tolerated, PACU & Post-op
] Diet	Diet effective now, Starting S
	Diet(s):
	Other Options:
	Advance Diet as Tolerated? IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Foods to Avoid:
	PACU & Post-op
\	
V Fluids	
V Fluids (Single Response)	
) lactated Ringer's infusion	intravenous, continuous, Post-op
) sodium chloride 0.9 % infusion	intravenous, continuous, Post-op
) sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Post-op
) dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients	intravenous, continuous, Post-op
Medications	
Medications - Bowel Management	
X] polyethylene glycol (MIRALAX) packet	17 g, oral, 2 times daily, Post-op
X] Stool Softener Options (Single Response)	
	oral, 2 times daily, Post-op
() sennosides-docusate sodium 2 tablet, (SENOKOT-S) 8.6-50 mg per tablet	oral, nightly, Post-op
2(
steroids (Single Response)	
) dexamethasone (DECADRON) IV	4 mg, intravenous, every 6 hours scheduled, Post-op
	4 mg, intravenous, every 6 hours scheduled, Post-op 40 mg, intravenous, every 6 hours scheduled, Post-op
) dexamethasone (DECADRON) IV) methylPREDNISolone sodium succinate (Solu-MEDROL) injection	
) dexamethasone (DECADRON) IV) methylPREDNISolone sodium succinate (Solu-MEDROL) injection) methylPREDNISolone (MEDROL PAK) dose pack (start	
methylPREDNISolone sodium succinate (Solu-MEDROL) injection methylPREDNISolone (MEDROL PAK) dose pack (start in AM) THIS A PANEL. DO NOT EDIT.	

[] methyIPREDNISolone (MEDROL) tablet	4 mg, oral, after dinner - one time, For 1 Doses, Post-op
	All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, For 1 Doses, Post-op
	All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, 3 times daily around food, Starting S+1, For 3 Doses, Post-op
[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, Starting S+1, For 1 Doses, Post-op
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, 4 times daily tapering, Starting S+2, Post-op
, , , ,	4 mg, oral, 4 times daily tapening, otarting or 2, 1 ost op
Medications	
[] pantoprazole (PROTONIX) IV or ORAL	"Or" Linked Panel
[] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600, Post-op
[1] mantananala (DDOTONIIV) 40 mania andi ma	Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[] pantoprazole (PROTONIX) 40 mg in sodium	40 mg, intravenous, daily at 0600, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
chloride 0.9 % 10 mL injection	indication(s) for Proton Pump inhibitor (PPI) Therapy.
Antibiotics (Single Response)	
() Antibiotics - Neurosurgery - patients with surgical	site
drains [] Antibiotics: For Patients LESS than or EQUAL	to 120 kg
[] cefazolin (ANCEF) IV - until drains removed	1 g, intravenous, every 8 hours, Post-op
	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
[] cefepime (MAXIPIME) IV	2 g, intravenous, every 12 hours, Post-op
	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
[] vancomycin 15 mg/kg IV + Pharmacy Consult Required)	t (Selection
vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses, Post-op
,	On call to cath lab. Transport antibiotics with patient to cath lab and
	administer prior to start of procedure
	Reason for Therapy: Surgical Prophylaxis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
	Indication: Implanted Device Prophylaxis
	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
[] Antihiotics: For Patients CDE ATED than 120 k	Duration of Therapy (Days):
[] Antibiotics: For Patients GREATER than 120 k [] cefazolin (ANCEF) IV - until drains removed	g 1 g, intravenous, every 8 hours, Post-op
[] cefazolin (ANCEF) IV - until drains removed	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
[] cefepime (MAXIPIME) IV	2 g, intravenous, every 12 hours, Post-op
[] coropano (im a in iniz) i	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
[] vancomycin 15 mg/kg IV + Pharmacy Consult	t (Selection
Required)	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses, Post-op
	On call to cath lab. Transport antibiotics with patient to cath lab and
	administer prior to start of procedure
[] Pharmacy consult to manage yencomycin	Reason for Therapy: Surgical Prophylaxis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
	Indication: Implanted Device Prophylaxis Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
	Duration of Therapy (Days):

() Antibiotics - Neurosurgery - patients withOUT surgical site drains		
[] Antibiotics: For Patients LESS than or EQUAL to	n 120 kg	
[] cefazolin (ANCEF) IV - until drains removed	2 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration	
[] cefepime (MAXIPIME) IV	2 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration	
[] vancomycin 15 mg/kg IV + Pharmacy Consult Required)	(Selection	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses, Post-op On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis	
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Implanted Device Prophylaxis Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration Duration of Therapy (Days):	
[] Antibiotics: For Patients GREATER than 120 kg		
[] cefazolin (ANCEF) IV - until drains removed	2 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration	
[] cefepime (MAXIPIME) IV	2 g, intravenous, once, For 1 Doses, Post-op Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration	
[] vancomycin 15 mg/kg IV + Pharmacy Consult Required)	(Selection	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses, Post-op On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis	
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Implanted Device Prophylaxis Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration Duration of Therapy (Days):	
Seizure Management		
[] levETIRAcetam (KEPPRA) IV (Single Response)		
() Loading Dose ONLY [] levETIRAcetam (KEPPRA) IV - Loading Dose	"Followed by" Linked Panel 1,000 mg, intravenous, once, For 1 Doses, Post-op Loading Dose	
() Maintenance Doses ONLY	"Followed by" Linked Panel	
[] levETIRAcetam (KEPPRA) IV - Maintenance Dose	500 mg, intravenous, every 12 hours, Starting H+12 Hours, Post-op Maintenance Dose	
() Loading and Maintenance Doses	"Followed by" Linked Panel	
[] levETIRAcetam (KEPPRA) IV - LoadingDose	1,000 mg, intravenous, once, For 1 Doses, Post-op Loading Dose	
[] levETIRAcetam (KEPPRA) IV - Maintenance Dose	500 mg, intravenous, every 12 hours, Starting H+12 Hours, Post-op Maintenance Dose	
[] fosphenytoin (CEREBYX) IV followed by phenytoin (DILANTIN) ER oral capsule		
[] fosphenytoin (CEREBYX) IV followed by phenyt (DILANTIN) ER oral capsule	oin "Followed by" Linked Panel	

[]	fosphenytoin (CEREBYX) IVPB loading dose	intraven	ous, for 30 Minutes, once, For 1 Doses, Post-op
1 [phenytoin (DILANTIN) ER capsule	100 mg,	oral, every 8 hours, Starting H+8 Hours, Post-op
	Phenytoin level		repeats, Post-op
	Free phenytoin level	AM draw	repeats, Post-op
	vETIRAcetam (KEPPRA) tablet (following loadirose)	ng	500 mg, oral, every 12 hours scheduled, Starting H+12 Hours, Post-op
			(May switch to IV if patient is unable to tolerate tablets)
[] le	vETIRAcetam (KEPPRA) IV (Loading dose)		500 mg, intravenous, every 12 hours, Starting H+12 Hours, Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are
			satisfied:
	osphenytoin (CEREBYX) IVPB (Loading Dose)		intravenous, for 30 Minutes, once, For 1 Doses, Post-op
[] pl	henytoin (DILANTIN) IVPB (Loading Dose)		100 mg, intravenous, every 8 hours, Starting H+8 Hours, Post-op Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
	henytoin (DILANTIN) ER capsule (following load ose)	ling	100 mg, oral, every 8 hours scheduled, Starting H+8 Hours, Post-op
			(May switch to IV if unable to tolerate capsules.)
Prop	ose New Seizure Management (Single Respo	nse)	
	vETIRAcetam (KEPPRA) IVPB followed by vETIRAcetam (KEPPRA) oral tablet		"Followed by" Linked Panel
[]	levETIRAcetam (KEPPRA) IV Loading Dose	1,000 mg	, intravenous, once, For 1 Doses, Post-op
[]	levETIRAcetam (KEPPRA) tablet Maintenance Dose	500 mg, d	oral, every 12 hours, Starting H+12 Hours, Post-op
	vETIRAcetam (KEPPRA) 1000 mg IVPB followe vETIRAcetam (KEPPRA) 500 mg IVPB	ed by	"Followed by" Linked Panel
[]	levETIRAcetam (KEPPRA) IV Loading Dose	1,000 mg	, intravenous, once, For 1 Doses, Post-op
[]	levETIRAcetam (KEPPRA) IV Maintenance Dose	500 mg, i	ntravenous, every 12 hours, Starting H+12 Hours, Post-op
	vETIRAcetam (KEPPRA) 500 mg IVPB followed vETIRAcetam (KEPPRA) 500 mg IVPB	d by	"Followed by" Linked Panel
[]	levETIRAcetam (KEPPRA) IV Loading Dose	500 mg, i	ntravenous, once, For 1 Doses, Post-op
[]	levETIRAcetam (KEPPRA) IV Maintenance Dose	500 mg, i	ntravenous, every 12 hours, Starting H+12 Hours, Post-op
	osphenytoin (CEREBYX) IV followed by phenyto DILANTIN) ER oral capsule	in	
[]	fosphenytoin (CEREBYX) IVPB Loading Dose by phenytoin (DILANTIN) ER oral capsule	followed	"Followed by" Linked Panel
[]	fosphenytoin (CEREBYX) IVPB loading dose	intraven	ous, for 30 Minutes, once, For 1 Doses, Post-op
	phenytoin (DILANTIN) ER capsule	100 mg,	oral, every 8 hours, Starting H+8 Hours, Post-op
[]	Phenytoin level		repeats, Post-op
	Free phenytoin level		repeats, Post-op
	osphenytoin (CEREBYX) IV followed by fosphen CEREBYX) IV (Single Response)	ytoin	
	elect Load/Maintenance by Routes of Administra	ation:	

• IVPB / IV Push

• IVPB / IVPB

Note: The IV Push Maintenance selection has the option to change route to intraMUSCULAR

() IVPB Loading Dose Followed by IV Push Main Dose (Single Response)	tenance
() Loading Dose Once Followed by Every 8 Hot Maintenance	ur
[] Loading Dose Once Followed by Every 8 Ho Maintenance	our "Followed by" Linked Panel
[] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses, Post-op
[] fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 8 hours, Starting H+8 Hours, Post-op
[] Phenytoin level	AM draw repeats, Post-op
[] Free phenytoin level	AM draw repeats, Post-op
() Loading Dose Once Followed by Every 12 Ho Maintenance	· · · · · · · · · · · · · · · · · · ·
[] Loading Dose Once Followed by Every 12 H Maintenance	lour "Followed by" Linked Panel
[] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses, Post-op
[] fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 12 hours, Starting H+12 Hours, Post-op
[] Phenytoin level	AM draw repeats, Post-op
[] Free phenytoin level	AM draw repeats, Post-op
() Loading Dose Once Followed by Every 24 Ho Maintenance	
[] Loading Dose Once Followed by Every 24 h Maintenance	ours "Followed by" Linked Panel
[] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses, Post-op
[] fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 24 hours, Starting H+24 Hours, Post-op
[] Phenytoin level	AM draw repeats, Post-op
[] Free phenytoin level	AM draw repeats, Post-op
() fosphenytoin (CEREBRYX) IVPB level, loading maintenance dose	g, and
[] Phenytoin level	AM draw repeats For 3 Occurrences, Post-op
[] Free phenytoin level	AM draw repeats For 3 Occurrences, Post-op
[] fosphenytoin (CEREBRYX) IV loading and m dose	aintenance "Followed by" Linked Panel
[] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses, Post-op
[] fosphenytoin (CEREBYX) IVPB Maintenance Dose	intravenous, Post-op
Antiemetics (705DAN) N/	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Rec	, ,
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) IV or Oral or Recta	al "Or" Linked Panel
[] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
[] promethazine (PHENERGAN) tablet	tolerate oral or rectal medication OR if a faster onset of action is required. 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

[] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg of days) - For Patients LESS than 65 years old	over 3 1 patch, transdermal, for 72 Hours, every 72 hours, Post-op
PRN Medications - Symptom Management	
[X] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op
[] Itching - Neurosurgery medications (Single Respons	se)
Avoid diphenhydramine use in patients over 70 year	rs old when possible.
() cetirizine (ZyrTEC) tablet 5	mg, oral, daily PRN, itching, Post-op
() diphenhydrAMINE (BENADRYL) injection 1	2.5 mg, intravenous, every 12 hours PRN, itching, Post-op
PRN Medications - Bowel Management	
[X] polyethylene glycol (MIRALAX) packet 17 gram	17 g, oral, 2 times daily, Post-op
[X] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily, Post-op
[] magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation, Post-op
[] bisacodyl (DULCOLAX) EC tablet	5 mg, oral, daily PRN, constipation, Post-op
bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op
[] magnesium citrate solution	150 mL, oral, daily PRN, constipation, For 2 Doses, Post-op
PRN Medications - Bowel Management	
[] saline,mineral oil,glycerin (S.M.O.G.) enema	180 mL, rectal, once, Post-op
PRN Medications - Pain - Pain Score (1-3) (Single Re	esponse)
() traMADol (ULTRAM) tablet	25 mg, oral, every 4 hours PRN, mild pain (score 1-3),
() training to (OETTAINI) tablet	Post-op
	Maximum Daily Dose: 200 mg/day
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, mild pain (score 1-3),
()	Post-op
	Maximum Daily Dose: 200 mg/day
PCA Medications (Single Response)	
() morPHINE PCA 30 mg/30 mL	
•	ntravenous, continuous, Post-op
[] MOTPHINE 30 Mg/30 ML PCA	
ı.	Nanagement of breakthrough pain. Administer only if respiratory rate 12
р	Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus loses in 12 hours or if pain persists after increase in demand dose, call
p d	er minute or more and POSS level of 2 or less. If more than 2 bolus
p d o	per minute or more and POSS level of 2 or less. If more than 2 bolus loses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years
p d o o	er minute or more and POSS level of 2 or less. If more than 2 bolus loses in 12 hours or if pain persists after increase in demand dose, call
p d o o e	per minute or more and POSS level of 2 or less. If more than 2 bolus loses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose: 26657::"2"} mg overy {Bolus Frequency: 26659::"3"} hours as needed. If pain persists,
p d o o e m	per minute or more and POSS level of 2 or less. If more than 2 bolus loses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose: 26657::"2"} mg overy {Bolus Frequency: 26659::"3"} hours as needed. If pain persists,
p d o o e m A [] Vital signs - T/P/R/BP	per minute or more and POSS level of 2 or less. If more than 2 bolus loses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCladjust doses for age, renal function or other factors.
p d o o e m A [] Vital signs - T/P/R/BP	per minute or more and POSS level of 2 or less. If more than 2 bolus loses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCI adjust doses for age, renal function or other factors.
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p d d o o o e m A [] Vital signs - T/P/R/BP R - a	per minute or more and POSS level of 2 or less. If more than 2 bolus loses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCI adjust doses for age, renal function or other factors. Routine, Per unit protocol. Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then
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p d o o e m A [] Vital signs - T/P/R/BP R - a -	per minute or more and POSS level of 2 or less. If more than 2 bolus loses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE adjust doses for age, renal function or other factors. Routine, Per unit protocol Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then
p d d o o o e m A [] Vital signs - T/P/R/BP R - a - a	per minute or more and POSS level of 2 or less. If more than 2 bolus loses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCI adjust doses for age, renal function or other factors. Routine, Per unit protocol Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then Every 4 hours until PCA therapy is discontinued. Immediately following PCA administration tubing change, Post-op
[] Vital signs - T/P/R/BP R	per minute or more and POSS level of 2 or less. If more than 2 bolus loses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCI adjust doses for age, renal function or other factors. Routine, Per unit protocol Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then Every 4 hours until PCA therapy is discontinued. Immediately following PCA administration tubing change, Post-op
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[] Vital signs - T/P/R/BP R Vital signs - T/P/R/BP R a [] Notify Physician (Specify) R for	per minute or more and POSS level of 2 or less. If more than 2 bolus loses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE adjust doses for age, renal function or other factors. Routine, Per unit protocol Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then Every 4 hours until PCA therapy is discontinued. Immediately following PCA administration tubing change, Post-op Routine, Until discontinued, Starting S, - PCA pump infusion discontinued or any reason
p d d o o o e m A [] Vital signs - T/P/R/BP R - a - a - [] Notify Physician (Specify) R	per minute or more and POSS level of 2 or less. If more than 2 bolus loses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE adjust doses for age, renal function or other factors. Routine, Per unit protocol Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then Every 4 hours until PCA therapy is discontinued. Immediately following PCA administration tubing change, Post-op Routine, Until discontinued, Starting S, - PCA pump infusion discontinued or any reason Inadequate analgesia
p d d o o o e m A [] Vital signs - T/P/R/BP R - a - a - [] Notify Physician (Specify) R o - c - c o o o e m A A A A A A A A A A A A A A A A A A	per minute or more and POSS level of 2 or less. If more than 2 bolus loses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE adjust doses for age, renal function or other factors. Routine, Per unit protocol Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then Every 4 hours until PCA therapy is discontinued. Immediately following PCA administration tubing change, Post-op Routine, Until discontinued, Starting S, - PCA pump infusion discontinued or any reason Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives
p d d o o o e m A [] Vital signs - T/P/R/BP R - a - a - [] Notify Physician (Specify) R for a - o o -	per minute or more and POSS level of 2 or less. If more than 2 bolus loses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE adjust doses for age, renal function or other factors. Routine, Per unit protocol Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then Every 4 hours until PCA therapy is discontinued. Immediately following PCA administration tubing change, Post-op Routine, Until discontinued, Starting S, - PCA pump infusion discontinued or any reason Inadequate analgesia Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA theraps of the prescriber responsible for IV PCA therap

[] Stop the PCA pump and call ordering physician and/or CERT team for any of the	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less
following:	 Severe and/or recent confusion or disorientation
	- POSS sedation level 4: Somnolent and difficult to arouse
	- Sustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting
[] nelevene (NIADCANI) 0.4 me/ml injection	- Urinary retention, Post-op
[] naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., Post-op
	Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4
	mg). If naloxone is needed, please call the ordering physician and/or
	CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15
	minutes for 3 times.
hydromorPHONE PCA (DILAUDID) 15 mg/30	
[] hydromorPHONE (DILAUDID) 15 mg/30 mL	
PCA	Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus
	doses in 12 hours or if pain persists after increase in demand dose, call
	ordering prescriber. For breakthrough pain in patients ages 19-59 years
	old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg
	every {Bolus Frequency:26663::"3"} hours as needed. If pain persists,
	may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE.
	Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date:
	Turn Off PCA Continuous Dose (Basal Rate) Off Date. Turn Off PCA Continuous Dose (Basal Rate) At Time:
] Vital signs - T/P/R/BP	Routine, Per unit protocol
[] Vital digita 1/1 /14Di	- Initially and every 30 minutes for 1 hour after PCA started, bolus
	administration or dose change; then
	- Every hour x 2 starting second hour after PCA started, bolus
	administered or dose change; then
	- Every 4 hours until PCA therapy is discontinued.
[1] Notify Dhysisian (Coordy)	- Immediately following PCA administration tubing change, Post-op
[] Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason
	- Inadequate analgesia
	- Prior to administration of any other narcotics, antiemetics, or sedatives
	other than those ordered by the prescriber responsible for IV PCA therapy
	 PCA pump discontinued by any service other than the prescriber
	responsible for IV PCA therapy, Post-op
Pasero Opioid-induced Sedation Scale	Routine, Once For 1 Occurrences, Post-op
Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or
physician and/or CERT team for any of the	less - Severe and/or recent confusion or disorientation
following:	- POSS sedation level 4: Somnolent and difficult to arouse
	- Sustained hypotension (SBP less than 90)
	- Excessive nausea or vomiting
	- Urinary retention, Post-op
[] naloxone (NARCAN) 0.4 mg/mL injection	0.2 mg, intravenous, once PRN, respiratory depression, as needed for
0.2 mg	respiratory rate 8 per minute or less OR patient somnolent and difficult to
	arouse (POSS GREATER than 3)., Post-op
	Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or
	CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15
	minutes for 3 times.
fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 ml	
- (

[]	fentaNYL (SUBLIMAZE) 1500 mcg/30 mL	intravenous, continuous, Post-op		
[[]	PCA	**Due to fentaNYL 600 mcg/30 mL shortages, the new standard for all facilities will be fentaNYL 1500 mcg/30 mL. This concentration is 2.5 x more concentrated.**		
		Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time:		
[]	Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change, Post-op		
	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op		
	Pasero Opioid-induced Sedation Scale	Routine, Once For 1 Occurrences, Post-op		
	physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention, Post-op		
	naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.		
PCA	PCA Medications - HMSL, HMW, HMSTC, HMSTJ Only (Single Response)			
	norPHINE PCA 30 mg/30 mL			
	morPHINE 30 mg/30 mL PCA	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: Not Ordered Basal Rate: 0 mg/hr MAX (Four hour dose limit): 20 mg intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE. Adjust doses for age, renal function or other factors.		

_		
[]	Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change, Post-op
[1	Pasero Opioid-induced Sedation Scale	Routine, Once, Post-op
[]	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued
	rtetily i flydiddir (Opedily)	for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op
[]	Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or
.,	physician and/or CERT team for any of the	less
	following:	 Severe and/or recent confusion or disorientation POSS sedation level 4: Somnolent and difficult to arouse Sustained hypotension (SBP less than 90) Excessive nausea or vomiting
		- Urinary retention, Post-op
[]	naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15
		minutes for 3 times.
	ydromorPHONE PCA (DILAUDID) 15 mg/30 mL	
	hydromorPHONE (DILAUDID) 15 mg/30 mL PCA Vital signs - T/P/R/BP	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout: Not Ordered Basal Rate: 0 mg/hr MAX (Four hour dose limit): 3 mg intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose: 26662::"0.2"} mg every {Bolus Frequency: 26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose: 26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time: Routine, Per unit protocol
		 Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then Every 4 hours until PCA therapy is discontinued. Immediately following PCA administration tubing change, Post-op
	Pasero Opioid-induced Sedation Scale	Routine, Once, Post-op
[]	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op

	Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention, Post-op
[]	naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.
() f	entaNYL PCA (SUBLIMAZE) 600 mcg/30 mL	minutes for 5 times.
	fentaNYL (SUBLIMAZE) 600 mcg/30 mL PCA	Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout Interval: Not Ordered Basal Rate: 0 mcg/hr MAX (Four hour dose limit): 150 mcg intravenous, continuous, Post-op
		Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors.
		Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time:
[]	Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change, Post-op
[]	Richmond agitation sedation scale	Routine, Once Hold infusion daily at: Target RASS: BIS Monitoring (Target BIS: 40-60): 60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects., Post-op
	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op
	Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention, Post-op

[] naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.
PRN Medications - Pain - Pain Score (4-6) (Single	Response)
() HYDROcodone-acetaminophen (NORCO) 5-325 tablet	Post-op
() acetaminophen-codeine (TYLENOL #3) 300-30 m tablet	ng per 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op 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:
() traMADol (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum Daily Dose: 200 mg/day
() traMADoL (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
PRN Medications - Pain - Pain Score (7-10) (Single	e Response)
() acetaminophen-codeine (TYLENOL #3) 300-30 m tablet	ng per 2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
() HYDROcodone-acetaminophen (NORCO) 5-325 tablet	
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Maximum Daily Dose: 200 mg/day
Breakthrough Pain (Single Response)	
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, other, pain (score: 4-10) - inadequate pain relief following administration of oral agents, Post-op Administer after pain re-assessment for inadequate pain relief.
() morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, other, pain (score: 4-10) - inadequate pain relief following administration of oral agents, Post-op Administer after pain re-assessment for inadequate pain relief.
() HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, other, pain (score: 4-10) - inadequate pain relief following administration of oral agents, Post-op Administer after pain re-assessment for inadequate pain relief.
VTE	
DVT Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions	e) (Selection Required) URL: "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
() Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)	

() Moderate Risk - Patient currently has an active			
therapeutic anticoagulant or VTE prophylaxis (Selection			
Required)			
[] Moderate risk of VTE	Routine, Once, PACU & Post-op		
[] Patient currently has an active order for	Routine, Once		
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on		
prophylaxis	therapeutic anticoagulation for other indication.		
	Therapy for the following:		
	PACU & Post-op		
[] Place sequential compression device (Single	e Response)		
() Contraindications exist for mechanical	Routine, Once		
prophylaxis	No mechanical VTE prophylaxis due to the following		
F F - · J	contraindication(s):		
	PACU & Post-op		
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op		
device continuous	reduine, commeded, i red a redicep		
() Moderate Risk - Patient currently has an activ	ve order for		
therapeutic anticoagulant or VTE prophylaxis			
Required)	(Oelection		
Moderate risk of VTE	Pauting Once DACIL® Part on		
	Routine, Once, PACU & Post-op		
[] Patient currently has an active order for	Routine, Once		
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on		
prophylaxis	therapeutic anticoagulation for other indication.		
	Therapy for the following:		
[1 D] (1 1 1 (O) 1	PACU & Post-op		
[] Place sequential compression device (Single	· · · · · · · · · · · · · · · · · · ·		
() Contraindications exist for mechanical	Routine, Once		
prophylaxis	No mechanical VTE prophylaxis due to the following		
	contraindication(s):		
	PACU & Post-op		
Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op		
() High Risk - Patient currently has an active ord	Her for		
therapeutic anticoagulant or VTE prophylaxis			
Required)	(Ocicettor)		
High risk of VTE	Routine, Once, PACU & Post-op		
e			
[] Patient currently has an active order for	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on		
therapeutic anticoagulant or VTE prophylaxis	therapeutic anticoagulation for other indication.		
propriyiaxis			
	Therapy for the following: PACU & Post-op		
[1] Disconsequential compression device (Cinal)	·		
Place sequential compression device (Single			
() Contraindications exist for mechanical	Routine, Once		
prophylaxis	No mechanical VTE prophylaxis due to the following		
	contraindication(s):		
	PACU & Post-op		
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op		
device continuous			
() High Risk - Patient currently has an active ord			
therapeutic anticoagulant or VTE prophylaxis	(Selection		
Required)			
[] High risk of VTE	Routine, Once, PACU & Post-op		
[] Patient currently has an active order for	Routine, Once		
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on		
prophylaxis	therapeutic anticoagulation for other indication.		
• • •	Therapy for the following:		
	PACU & Post-op		
[] Place sequential compression device (Single	·		
() Contraindications exist for mechanical	Routine, Once		
prophylaxis	No mechanical VTE prophylaxis due to the following		
proprintanto	contraindication(s):		
	PACU & Post-op		

() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fac	tors
•	
[] Low Risk (Single Response) (Selection Require	
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
	PACU & Post-op
() MODERATE Risk of DVT - Surgical (Selection Re	
Moderate Risk Definition	4
Pharmacologic prophylaxis must be addressed. M contraindicated.	echanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	nation debudration veriages value concer concin about, province
stroke, rheumatologic disease, sickle cell disease, Age 60 and above	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line	
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour	•
Less than fully and independently ambulatory	5
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk Pharmacological Prophylaxis - S	
Patient (Single Response) (Selection Required)	
Contraindications exist for pharmacologic prop BUT order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[1] Diggs/Maintain aggregated compression	PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic prop	hylaxis "And" Linked Panel
AND mechanical prophylaxis	Till Illinous and
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Resp	· · · · · · · · · · · · · · · · · · ·
(Selection Required)	, <u> </u>
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU
CrCl GREATER than 30 mL/min	& Post-op
•	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
	Indication(s): VTE Prophylaxis

	mL/min
	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() (001,001,001,001,001,001,001,001,001,001	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
MODERATE Risk of DVT - Non-Surgical (Selectic Required)	n
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamn stroke, rheumatologic disease, sickle cell disease. Age 60 and above Central line	lechanical prophylaxis is optional unless pharmacologic is nation, 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 hou Less than fully and independently ambulatory Estrogen therapy	rs
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
Moderate Risk (Selection Required)	Douting Once DACIL® Doct on
Moderate risk of VTE	Routine, Once, PACU & Post-op
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) 	tion
Contraindications exist for pharmacologic proportion order Sequential compression device	ohylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
nted on 1/28/2022 at 10:24 AM from TST Environme	ent Page 18 of 32

40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU

For Patients weight 140 kg or GREATER and CrCl GREATER than 30

() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min

 Contraindications exist for pharmacologic properties AND mechanical prophylaxis 	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
) enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 3 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min Indication(s): VTE Prophylaxis
) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
) warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Se Required)	lection
) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)	·
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Enoxaparin for VTE Prophylaxis (Single Resp	oonse)
() enoxaparin (LOVENOX) 30 mg Daily at 170	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Post-op Indication(s):
() enoxaparin (LOVENOX) 30 mg Every 12 Ho	urs
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Post-op Indication(s):
() enoxaparin (LOVENOX) 40 mg Daily at 170	
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700, Post-op Indication(s):
() enoxaparin (LOVENOX) 40 mg Every 12 Ho	
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours, Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op
() fondaparinux (ARIXTRA) injection	If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Place/Maintain sequential compression device continuous HIGH Risk of DVT - Non-Surgical (Selection Region)	Routine, Continuous, PACU & Post-op

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[1] High Dick (Colontion Dequired)	
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-S	· · · · · · · · · · · · · · · · · · ·
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min
	Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op
() Toridaparinax (ATTIX TTA) 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, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op
() Wallalli (OCOM/Dily) tablet	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	n

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

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

6:00 AM, PACU &
U & Post-op
g contraindication(s):
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odist/documents/C 0.2021v15.pdf"
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ng
nt is already on
nt is already on
nt is already on

() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op		
() High Risk - Patient currently has an active order	erfor		
therapeutic anticoagulant or VTE prophylaxis (
Required)			
[] High risk of VTE	Routine, Once, PACU & Post-op		
[] Patient currently has an active order for	Routine, Once		
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on		
prophylaxis	therapeutic anticoagulation for other indication.		
	Therapy for the following:		
	PACU & Post-op		
[] Place sequential compression device (Single			
() Contraindications exist for mechanical	Routine, Once		
prophylaxis	No mechanical VTE prophylaxis due to the following		
	contraindication(s):		
() Di (M) ()	PACU & Post-op		
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op		
device continuous	o. 4 o		
() High Risk - Patient currently has an active ord			
therapeutic anticoagulant or VTE prophylaxis (Required)	Selection		
[] High risk of VTE	Routine, Once, PACU & Post-op		
[] Patient currently has an active order for	Routine, Once		
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on		
prophylaxis	therapeutic anticoagulation for other indication.		
propriyidado	Therapy for the following:		
	PACU & Post-op		
[] Place sequential compression device (Single	·		
() Contraindications exist for mechanical	Routine, Once		
prophylaxis	No mechanical VTE prophylaxis due to the following		
	contraindication(s):		
	PACU & Post-op		
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op		
device continuous			
() LOW Risk of DVT (Selection Required)			
Low Risk Definition			
Age less than 60 years and NO other VTE risk fa	ctors		
[] Low Risk (Single Response) (Selection Requir	ed)		
() Low risk of VTE	Routine, Once		
() LOWIISK OF VIL	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae		
	early ambulation		
	PACU & Post-op		
() MODERATE Risk of DVT - Surgical (Selection Re			
Moderate Risk Definition			
	Mechanical prophylaxis is optional unless pharmacologic is		
contraindicated.			
One or more of the following medical conditions:			
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous			
stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome			
Age 60 and above			
Central line			
History of DVT or family history of VTE			
Anticipated length of stay GREATER than 48 hou	ITS		
Less than fully and independently ambulatory			
Estrogen therapy			
Moderate or major surgery (not for cancer)			
Major surgery within 3 months of admission			
1 Moderate Risk (Selection Required)			

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

	()	Contraindications exist for mechanical	Routine, Once
		prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
		,	PACU & Post-op
	()	Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
	()	device continuous	, , , , , , , , , , , , , , , , , , ,
()	MC	DDERATE Risk of DVT - Non-Surgical (Select	tion
` '		quired)	

Requirea)

Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)	D. C. O. DAGILAD (
Moderate risk of VTE	Routine, Once, PACU & Post-op
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) 	
() Contraindications exist for pharmacologic prop Order Sequential compression device	ohylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
Contraindications exist for pharmacologic prop AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	oonse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min Indication(s): VTE Prophylaxis

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

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

40 mg, subcutaneous, every 12 hours, Post-op

Indication(s):

Indication(s):

() enoxaparin (LOVENOX) 40 mg Daily at 1700

() enoxaparin (LOVENOX) 40 mg Every 12 Hours

[] enoxaparin (LOVENOX) injection

[] enoxaparin (LOVENOX) injection

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

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

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

Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

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

(Selection Required)

	() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
	() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
	() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
	() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. Indication(s): VTE Prophylaxis
	() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
(heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
	[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
	[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[]	Mechanical Prophylaxis (Single Response) (Sel Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
Lak	os	
Lab	s-STAT	
	Hemoglobin and hematocrit	STAT For 1 Occurrences, PACU & Post-op
	Basic metabolic panel	STAT For 1 Occurrences, PACU & Post-op
	CBC hemogram	STAT For 1 Occurrences, PACU & Post-op
	Partial thromboplastin time	STAT For 1 Occurrences, PACU & Post-op
_	Prothrombin time with INR Phenytoin level, free	STAT For 1 Occurrences, PACU & Post-op STAT For 1 Occurrences, PACU & Post-op
י נו	Tieny to in level, fiee	STATEOT TOCCUITETICES, PACO & POSI-OP

[] Phenytoin level, free

[] Phenytoin level	STAT For 1 Occurrences, PACU & Post-op
Labs - Tomorrow A.M.	
[] Hemoglobin and hematocrit	AM draw For 1 Occurrences, PACU & Post-op
[X] Basic metabolic panel	AM draw For 1 Occurrences, PACU & Post-op
[X] CBC hemogram	AM draw For 1 Occurrences, PACU & Post-op
[] Partial thromboplastin time	AM draw For 1 Occurrences, PACU & Post-op
[] Prothrombin time with INR	AM draw For 1 Occurrences, PACU & Post-op
[] Phenytoin level, free	AM draw For 1 Occurrences, PACU & Post-op
[] Phenytoin level	AM draw For 1 Occurrences, PACU & Post-op
Imaging	
Diagnostic MRI/MRA	
[] MRI Brain W Contrast	Routine, 1 time imaging, Starting S+1 For 1 Perform early A.M., PACU & Post-op
[] MRI Brain Wo Contrast	Routine, 1 time imaging, Starting S+1 For 1 Perform early A.M., PACU & Post-op
[] MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S+1 For 1 Perform early A.M., PACU & Post-op
СТ	
[] CT Head Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Perform in PACU, PACU & Post-op
Respiratory	
Respiratory	
[X] Oxygen therapy - Simple face mask	Routine, Continuous
	Device: Simple Face Mask
	Rate in liters per minute: 6 Lpm
	Rate in tenths of a liter per minute:
	O2 %:
	Titrate to keep O2 Sat Above: 92%
	Indications for O2 therapy: Immediate post-op period Device 2:
	Device 2. Device 3:
	Wean prn., PACU & Post-op
Mechanical ventilation	Routine, PACU & Post-op
L1saniaman randidati	Mechanical Ventilation:
	Vent Management Strategies:
Consults For Physician Consult orders use sidebar	
i or i myololan oonball blacib abe blacbal	
Ameillen Oorseyke	
Ancillary Consults	Occasilla December
Ancillary Consults [] Consult to Case Management [] Consult to Social Work	Consult Reason: PACU & Post-op Reason for Consult:

[X] Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Post Neuromuscular or Musculoskeletal Surgery Care. Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
	Weight Bearing Status: PACU & Post-op
[] Consult PT wound care	Special Instructions: Location of Wound? PACU & Post-op
[X] Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming) Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: PACU & Post-op
[] Consult to Nutrition Services	Reason For Consult? Purpose/Topic: PACU & Post-op
[] Consult to Spiritual Care	Reason for consult? PACU & Post-op
[] Consult to Speech Language Pathology	Routine, Once Reason for consult: PACU & Post-op
[] Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult: Reason for consult: PACU & Post-op
[] Consult to Respiratory Therapy Physician Consults	Reason for Consult? PACU & Post-op
[X] Consult Intensive Care	Reason for Consult? Decline in ADL performance from baseline Patient/Clinical information communicated? Telephone Patient/clinical information communicated? Telephone PACU & Post-op
[] Consult Physical Medicine Rehab	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? PACU & Post-op