

## General

### Common Present on Admission Diagnosis

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

### Elective Outpatient, Observation, or Admission (Single Response)

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

### Admission or Observation (Single Response)

Patient has active outpatient status order on file

( ) Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
( ) Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
( ) Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
( ) Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
( ) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

#### Admission (Single Response)

Patient has active status order on file

( ) Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
( ) Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
( ) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

#### Transfer (Single Response)

Patient has active inpatient status order on file

( ) Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
( ) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

#### Code Status

[ ] Full code	Code Status decision reached by: Post-op
[ ] DNR (Do Not Resuscitate) (Selection Required)	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:

<input type="checkbox"/> Consult to Social Work	Reason for Consult: Post-op
<input type="checkbox"/> 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
<input type="checkbox"/> 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

<input type="checkbox"/> Airborne isolation status	
<input type="checkbox"/> Airborne isolation status	Details
<input type="checkbox"/> Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum, Post-op
<input type="checkbox"/> Contact isolation status	Details
<input type="checkbox"/> Droplet isolation status	Details
<input type="checkbox"/> Enteric isolation status	Details

## Precautions

<input type="checkbox"/> Aspiration precautions	PACU & Post-op
<input checked="" type="checkbox"/> Fall precautions	Increased observation level needed: PACU & Post-op
<input type="checkbox"/> Latex precautions	PACU & Post-op
<input type="checkbox"/> Seizure precautions	Increased observation level needed: PACU & Post-op
<input type="checkbox"/> Spinal precautions	PACU & Post-op

## Nursing

### Vital Signs (Single Response)

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every hour For 999 Occurrences Until stable, then every 2 hours until A.M., then routine, PACU & Post-op
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### Activity (Selection Required)

<input type="checkbox"/> Out of bed with assistance	Routine, Until discontinued, Starting S Specify: Out of bed, Up with assistance Walk in hallways 1-2 times as soon as patient is able, PACU & Post-op
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S, PACU & Post-op
<input type="checkbox"/> Up ad lib	Routine, Until discontinued, Starting S Specify: Up ad lib PACU & Post-op
<input type="checkbox"/> All meals out of bed	Routine, Until discontinued, Starting S, PACU & Post-op
<input type="checkbox"/> Elevate Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees PACU & Post-op
<input type="checkbox"/> Head of bed flat	Routine, Until discontinued, Starting S Head of bed: flat PACU & Post-op

## Nursing

<input type="checkbox"/> Straight Cath Once and Notify
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[ ] Straight cath	Routine, Conditional Frequency If patient unable to void, straight cath once and notify physician., PACU & Post-op
[ ] Notify Physician if Straight Cath	Routine, Until discontinued, Starting S, PACU & Post-op
[ ] Straight cath	Routine, Every 6 hours If unable to void after second attempt, insert Foley and call physician., PACU & Post-op
[ ] Insert/Maintain Foley and Notify	
[ ] Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: If unable to void after second attempt at straight cath, insert Foley and call physician, PACU & Post-op
[ ] Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain to gravity/bedside drain, PACU & Post-op
[ ] Notify Physician if unable to void after second attempt at straight cath and Foley inserted	Routine, Until discontinued, Starting S, PACU & Post-op
[ ] Surgical/incision site care	Routine, Once Location: Site: Apply: Dressing Type: Open to air? PACU & Post-op
[X] Reinforce dressing	Routine, As needed Reinforce with: If saturated and call physician., PACU & Post-op
[ ] Soft cervical collar	Routine, Once Type of Collar to Apply: Soft Collar Special Instructions: Obtain from central supply PACU & Post-op
[ ] Philadelphia collar	Routine, Once Type of Collar to Apply: Philadelphia Collar Special Instructions: Obtain from central supply PACU & Post-op
[ ] Miami J collar	Routine, Once Type of Collar to Apply: Miami J Collar Special Instructions: Obtain from orthotic provider. PACU & Post-op
[ ] Call Raborn Orthotics at 713-349-8117 for application of orthotic device	Routine, Until discontinued, Starting S, PACU & Post-op
[ ] Drain care	Routine, Until discontinued, Starting S Drain 1: Drain 2: Drain 3: Drain 4: All Drains: PACU & Post-op
[ ] Place antiembolic stockings - Bilateral thigh high	Routine, Once, PACU & Post-op
[X] No anticoagulants INcluding UNfractionated heparin	Routine, Until discontinued, Starting S Reason for "No" order: PACU & Post-op
[X] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order: PACU & Post-op

### Notify

[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
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## Diet

[X] Diet - Clear liquids (advance as tolerated to Regular)	Diet effective now, Starting S 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 - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op
[ ] Diet - Heart healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op
[ ] Diet - 2000 Kcal/225 gm Carb	Diet effective now, Starting S Diet(s): 2000 Kcal/225 gm Carbohydrate Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: 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

## Education

[ ] Patient education - Activity	Routine, Once Patient/Family: Education for: Activity PACU & Post-op
[X] Patient education - Deep breathing and coughing exercises	Routine, Once Patient/Family: Education for: Other (specify) Specify: Deep breathing and coughing exercises PACU & Post-op
[X] Patient education - Incentive spirometry	Routine, Once Patient/Family: Education for: Incentive spirometry PACU & Post-op

[X] Patient education - Pain management	Routine, Once Patient/Family: Education for: Other (specify) Specify: Pain management PACU & Post-op
[ ] Patient education - Smoking cessation	Routine, Once Patient/Family: Education for: Smoking cessation counseling PACU & Post-op
[X] Patient education - Wound care	Routine, Once Patient/Family: Education for: Other (specify) Specify: Wound care PACU & Post-op

## IV Fluids

### IV Fluids (Single Response)

( ) lactated Ringer's infusion	intravenous, continuous, Post-op
( ) sodium chloride 0.9 % infusion	intravenous, continuous, Post-op
( ) sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Post-op
( ) dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients	intravenous, continuous, Post-op

## Medications

### Steroids (Single Response)

( ) dexamethasone (DECADRON) IV	4 mg, intravenous, every 6 hours scheduled, Post-op
( ) methylPREDNISolone sodium succinate (Solu-MEDROL) injection	40 mg, intravenous, every 6 hours scheduled, Post-op
( ) methylPREDNISolone (MEDROL PAK) dose pack (start in AM)	

THIS A PANEL. DO NOT EDIT.

[ ] methylPREDNISolone (MEDROL) tablet	8 mg, oral, before breakfast - one time, For 1 Doses, Post-op
[ ] methylPREDNISolone (MEDROL) tablet	4 mg, oral, after lunch - one time, S at 12:00 PM, For 1 Doses, Post-op
[ ] methylPREDNISolone (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

## Medications

[ ] pantoprazole (PROTONIX) IV or ORAL	<b>"Or" Linked Panel</b>
[ ] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[ ] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily at 0600, Post-op Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

## Medications - Bowel Management

[X] polyethylene glycol (MIRALAX) packet	17 g, oral, 2 times daily, Post-op
[X] Stool Softener Options (Single Response)	
(X) docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily, Post-op
( ) sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly, Post-op

## Antibiotics (Single Response)

( ) Antibiotics - Neurosurgery - patients with surgical site drains

<input type="checkbox"/> Antibiotics: For Patients LESS than or EQUAL to 120 kg	
<input type="checkbox"/> cefazolin (ANCEF) IV - until drains removed	1 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
<input type="checkbox"/> cefepime (MAXIPIME) IV	2 g, intravenous, every 12 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
<input type="checkbox"/> vancomycin 15 mg/kg IV + Pharmacy Consult (Selection Required)	
<input type="checkbox"/> vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> 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):
<input type="checkbox"/> Antibiotics: For Patients GREATER than 120 kg	
<input type="checkbox"/> cefazolin (ANCEF) IV - until drains removed	1 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
<input type="checkbox"/> cefepime (MAXIPIME) IV	2 g, intravenous, every 12 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
<input type="checkbox"/> vancomycin 15 mg/kg IV + Pharmacy Consult (Selection Required)	
<input type="checkbox"/> vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> 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

<input type="checkbox"/> Antibiotics: For Patients LESS than or EQUAL to 120 kg	
<input type="checkbox"/> cefazolin (ANCEF) IV - until drains removed	2 g, intravenous, once, For 1 Doses Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
<input type="checkbox"/> cefepime (MAXIPIME) IV	2 g, intravenous, once, For 1 Doses Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
<input type="checkbox"/> vancomycin 15 mg/kg IV + Pharmacy Consult (Selection Required)	
<input type="checkbox"/> vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis

<input type="checkbox"/> 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):
<input type="checkbox"/> Antibiotics: For Patients GREATER than 120 kg	
<input type="checkbox"/> cefazolin (ANCEF) IV - until drains removed	2 g, intravenous, once, For 1 Doses Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
<input type="checkbox"/> cefepime (MAXIPIME) IV	2 g, intravenous, once, For 1 Doses Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
<input type="checkbox"/> vancomycin 15 mg/kg IV + Pharmacy Consult (Selection Required)	
<input type="checkbox"/> vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> 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):

## Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 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.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.
<input type="checkbox"/> scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old	1 patch, transdermal, for 72 Hours, every 72 hours, Post-op

## PRN Medications - Symptom Management

<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op
<input type="checkbox"/> Itching - Neurosurgery medications (Single Response)	Avoid diphenhydramine use in patients over 70 years old when possible.
<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
<input type="checkbox"/> diphenhydramine (BENADRYL) injection	12.5 mg, intravenous, every 12 hours PRN, itching, Post-op

## PRN Medications - Bowel Management

<input checked="" type="checkbox"/> polyethylene glycol (MIRALAX) packet 17 gram	17 g, oral, 2 times daily, Post-op
<input checked="" type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily, Post-op
<input type="checkbox"/> magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation, Post-op

<input type="checkbox"/> bisacodyl (DULCOLAX) EC tablet	5 mg, oral, daily PRN, constipation, Post-op
<input type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op
<input type="checkbox"/> magnesium citrate solution	150 mL, oral, daily PRN, constipation, For 2 Doses, Post-op

### Muscle Relaxants (Single Response)

( ) methocarbamol (ROBAXIN) 500 mg in sodium chloride 0.9 % 100 mL IVPB	500 mg, intravenous, for 60 Minutes, every 8 hours PRN, muscle spasms, Post-op
( ) methocarbamol (ROBAXIN) tablet	500 mg, oral, every 8 hours PRN, muscle spasms, Post-op
( ) cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 8 hours PRN, muscle spasms, Post-op

### Muscle Relaxants - Refractory Treatments (Single Response)

( ) diazepam (VALIUM) injection	2.5 mg, intravenous, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op Indication(s): Other Specify: Muscle Relaxant
( ) diazepam (VALIUM) tablet	2.5 mg, oral, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op Indication(s): Other Specify: Muscle Relaxant

### PRN Medications - Pain - Pain Score (1-3) (Single Response)

( ) traMADol (ULTRAM) tablet	25 mg, oral, every 4 hours PRN, mild pain (score 1-3), 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	
<input type="checkbox"/> 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.
<input type="checkbox"/> 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
<input type="checkbox"/> Pasero Opioid-induced Sedation Scale	Routine, Once
<input type="checkbox"/> 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

[ ] 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 <ul style="list-style-type: none"> <li>- Severe and/or recent confusion or disorientation</li> <li>- POSS sedation level 4: Somnolent and difficult to arouse</li> <li>- Sustained hypotension (SBP less than 90)</li> <li>- Excessive nausea or vomiting</li> <li>- Urinary retention</li> </ul>
[ ] 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 <p>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.</p>
( ) hydromorPHONE PCA (DILAUDID) 15 mg/30 mL	
[ ] hydromorPHONE (DILAUDID) 15 mg/30 mL PCA	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 <p>intravenous, continuous, Post-op</p> <p>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.</p> <p>Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time:</p>
[ ] Vital signs - T/P/R/BP	Routine, Per unit protocol <ul style="list-style-type: none"> <li>- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then</li> <li>- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then</li> <li>- Every 4 hours until PCA therapy is discontinued.</li> <li>- Immediately following PCA administration tubing change</li> </ul>
[ ] Pasero Opioid-induced Sedation Scale	Routine, Once
[ ] Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason <ul style="list-style-type: none"> <li>- Inadequate analgesia</li> <li>- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy</li> <li>- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy</li> </ul>
[ ] 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 <ul style="list-style-type: none"> <li>- Severe and/or recent confusion or disorientation</li> <li>- POSS sedation level 4: Somnolent and difficult to arouse</li> <li>- Sustained hypotension (SBP less than 90)</li> <li>- Excessive nausea or vomiting</li> <li>- Urinary retention</li> </ul>
[ ] 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 <p>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.</p>
( ) fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL	

<input type="checkbox"/> fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA	<p>Nurse Loading Dose: Not Ordered&lt;BR&gt;PCA Dose: 10 mcg&lt;BR&gt;Lockout: Not Ordered&lt;BR&gt;Basal Rate: 0 mcg/hr&lt;BR&gt;Four Hour Dose Limit: 150 mcg</p> <p>intravenous, continuous, Post-op</p> <p>**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.**</p> <p>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.</p> <p>Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time:</p>
<input type="checkbox"/> Vital signs - T/P/R/BP	<p>Routine, Per unit protocol</p> <ul style="list-style-type: none"> <li>- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then</li> <li>- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then</li> <li>- Every 4 hours until PCA therapy is discontinued.</li> <li>- Immediately following PCA administration tubing change</li> </ul>
<input type="checkbox"/> Pasero Opioid-induced Sedation Scale	Routine, Once
<input type="checkbox"/> Notify Physician (Specify)	<p>Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason</p> <ul style="list-style-type: none"> <li>- Inadequate analgesia</li> <li>- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy</li> <li>- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy</li> </ul>
<input type="checkbox"/> Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	<p>Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less</p> <ul style="list-style-type: none"> <li>- Severe and/or recent confusion or disorientation</li> <li>- POSS sedation level 4: Somnolent and difficult to arouse</li> <li>- Sustained hypotension (SBP less than 90)</li> <li>- Excessive nausea or vomiting</li> <li>- Urinary retention</li> </ul>
<input type="checkbox"/> naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	<p>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</p> <p>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.</p>

#### PCA Medications - HMSL, HMW, HMSTC, HMSTJ Only (Single Response)

<input type="checkbox"/> morPHINE PCA 30 mg/30 mL	<p>Nurse Loading Dose: Not Ordered&lt;BR&gt;PCA Dose: 1 mg&lt;BR&gt;Lockout Interval: Not Ordered&lt;BR&gt;Basal Rate: 0 mg/hr&lt;BR&gt;MAX (Four hour dose limit): 20 mg</p> <p>intravenous, continuous, Post-op</p> <p>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.</p>
<input type="checkbox"/> morPHINE 30 mg/30 mL PCA	

<input type="checkbox"/> Vital signs - T/P/R/BP	<p>Routine, Per unit protocol</p> <ul style="list-style-type: none"> <li>- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then</li> <li>- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then</li> <li>- Every 4 hours until PCA therapy is discontinued.</li> <li>- Immediately following PCA administration tubing change, Post-op</li> </ul>
<input type="checkbox"/> Pasero Opioid-induced Sedation Scale	Routine, Once
<input type="checkbox"/> Notify Physician (Specify)	<p>Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason</p> <ul style="list-style-type: none"> <li>- Inadequate analgesia</li> <li>- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy</li> <li>- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op</li> </ul>
<input type="checkbox"/> Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	<p>Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less</p> <ul style="list-style-type: none"> <li>- Severe and/or recent confusion or disorientation</li> <li>- POSS sedation level 4: Somnolent and difficult to arouse</li> <li>- Sustained hypotension (SBP less than 90)</li> <li>- Excessive nausea or vomiting</li> <li>- Urinary retention, Post-op</li> </ul>
<input type="checkbox"/> naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	<p>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</p> <p>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.</p>
( ) hydromorPHONE PCA (DILAUDID) 15 mg/30 mL	
<input type="checkbox"/> hydromorPHONE (DILAUDID) 15 mg/30 mL PCA	<p>Nurse Loading Dose: Not Ordered&lt;BR&gt;PCA Dose: 0.2 mg&lt;BR&gt;Lockout: Not Ordered&lt;BR&gt;Basal Rate: 0 mg/hr&lt;BR&gt;MAX (Four hour dose limit): 3 mg</p> <p>intravenous, continuous, Post-op</p> <p>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.</p> <p>Turn Off PCA Continuous Dose (Basal Rate) On Date:</p> <p>Turn Off PCA Continuous Dose (Basal Rate) At Time:</p>
<input type="checkbox"/> Vital signs - T/P/R/BP	<p>Routine, Per unit protocol</p> <ul style="list-style-type: none"> <li>- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then</li> <li>- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then</li> <li>- Every 4 hours until PCA therapy is discontinued.</li> <li>- Immediately following PCA administration tubing change, Post-op</li> </ul>
<input type="checkbox"/> Pasero Opioid-induced Sedation Scale	Routine, Once
<input type="checkbox"/> Notify Physician (Specify)	<p>Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason</p> <ul style="list-style-type: none"> <li>- Inadequate analgesia</li> <li>- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy</li> <li>- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op</li> </ul>

[ ] 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 <ul style="list-style-type: none"> <li>- Severe and/or recent confusion or disorientation</li> <li>- POSS sedation level 4: Somnolent and difficult to arouse</li> <li>- Sustained hypotension (SBP less than 90)</li> <li>- Excessive nausea or vomiting</li> <li>- Urinary retention, Post-op</li> </ul>
[ ] 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 <p>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.</p>
( ) fentaNYL PCA (SUBLIMAZE) 600 mcg/30 mL	
[ ] 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 <p>intravenous, continuous, Post-op</p> <p>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.</p> <p>Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time:</p>
[ ] Vital signs - T/P/R/BP	Routine, Per unit protocol <ul style="list-style-type: none"> <li>- Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then</li> <li>- Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then</li> <li>- Every 4 hours until PCA therapy is discontinued.</li> <li>- Immediately following PCA administration tubing change, Post-op</li> </ul>
[ ] Richmond agitation sedation scale	Routine, Once <p>Hold infusion daily at:</p> <p>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</p>
[ ] Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason <ul style="list-style-type: none"> <li>- Inadequate analgesia</li> <li>- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy</li> <li>- PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op</li> </ul>
[ ] 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 <ul style="list-style-type: none"> <li>- Severe and/or recent confusion or disorientation</li> <li>- POSS sedation level 4: Somnolent and difficult to arouse</li> <li>- Sustained hypotension (SBP less than 90)</li> <li>- Excessive nausea or vomiting</li> <li>- Urinary retention, Post-op</li> </ul>

[ ] 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.
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#### PRN Medications - Pain - Pain Score (4-6) (Single Response)

( ) HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	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)

#### PRN Medications - Pain - Pain Score (7-10) (Single Response)

( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	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 mg per tablet	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op
( ) 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.
( ) HYDROmorphine (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) (Selection Required)

VTE/DVT Risk Definitions

[Anticoagulation Guide for COVID patients](#)

URL:  
"\app1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"

URL:  
"https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

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

<input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
<input type="checkbox"/> Place sequential compression device (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
<input type="checkbox"/> Place sequential compression device (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
<input type="checkbox"/> Place sequential compression device (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
<input type="checkbox"/> Place sequential compression device (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
( ) LOW Risk of DVT (Selection Required)	

## Low Risk Definition

Age less than 60 years and NO other VTE risk factors

### Low Risk (Single Response) (Selection Required)

( ) Low risk of VTE

Routine, Once

Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation  
PACU & Post-op

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

### Moderate Risk (Selection Required)

Moderate risk of VTE

Routine, Once, PACU & Post-op

### Moderate Risk Pharmacological Prophylaxis - Surgical

Patient (Single Response) (Selection Required)

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

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 prophylaxis **"And" Linked Panel**

AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis

Routine, Once

No pharmacologic VTE prophylaxis due to the following contraindication(s):

PACU & Post-op

Contraindications exist for mechanical prophylaxis

Routine, Once

No mechanical VTE prophylaxis due to the following contraindication(s):

PACU & Post-op

( ) enoxaparin (LOVENOX) injection (Single Response)

(Selection Required)

( ) enoxaparin (LOVENOX) syringe

40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op  
Indication(s): VTE Prophylaxis

( ) patients with CrCl LESS than 30 mL/min

30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op  
For Patients with CrCl LESS than 30 mL/min  
Indication(s): VTE Prophylaxis

( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min

30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op  
For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min  
Indication(s): VTE Prophylaxis

( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
( ) MODERATE Risk of DVT - Non-Surgical (Selection Required)	
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.	
One or more of the following medical conditions:	
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome	
Age 60 and above	
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hours	
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	

<input type="checkbox"/> Moderate Risk (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis		"And" Linked Panel
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis		Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis		Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
<input type="checkbox"/> enoxaparin (LOVENOX) syringe		40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min		40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection		5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)		5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> 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.
<input type="checkbox"/> warfarin (COUMADIN) tablet		oral, daily at 1700, PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)		STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)		
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis		Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous		Routine, Continuous, PACU & Post-op
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Selection Required)		

## High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE

Routine, Once, PACU & Post-op

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

( ) Contraindications exist for pharmacologic prophylaxis

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

( ) Enoxaparin for VTE Prophylaxis (Single Response)

( ) enoxaparin (LOVENOX) 30 mg Daily at 1700

[ ] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700  
Indication(s):

( ) enoxaparin (LOVENOX) 30 mg Every 12 Hours

[ ] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700  
Indication(s):

( ) enoxaparin (LOVENOX) 40 mg Daily at 1700

[ ] enoxaparin (LOVENOX) injection 40 mg, subcutaneous, daily at 1700  
Indication(s):

( ) enoxaparin (LOVENOX) 40 mg Every 12 Hours

[ ] enoxaparin (LOVENOX) injection 40 mg, subcutaneous, every 12 hours  
Indication(s):

( ) fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op  
If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.  
Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.  
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

( ) heparin (porcine) injection

5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op

( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)

5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op  
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg

7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op  
For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet

oral, daily at 1700, Starting S+1, PACU & Post-op  
Indication:

( ) Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until discontinued, Starting S  
Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis

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

( ) Place/Maintain sequential compression device continuous

Routine, Continuous, PACU & Post-op

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

## High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE

Routine, Once, PACU & Post-op

High Risk Pharmacological Prophylaxis - Non-Surgical

Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis

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

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

( ) enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op  
Indication(s): VTE Prophylaxis

( ) patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op  
For Patients with CrCL LESS than 30 mL/min  
Indication(s): VTE Prophylaxis

( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op  
For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min  
Indication(s): VTE Prophylaxis

( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op  
For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  
Indication(s): VTE Prophylaxis

( ) fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, daily, PACU & Post-op  
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.  
Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.  
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

( ) heparin (porcine) injection

5,000 Units, subcutaneous, every 8 hours, PACU & Post-op

( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)

5,000 Units, subcutaneous, every 12 hours, PACU & Post-op  
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg

7,500 Units, subcutaneous, every 8 hours, PACU & Post-op  
For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet

oral, daily at 1700, PACU & Post-op  
Indication:

( ) Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until discontinued, Starting S  
Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis

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

( ) Place/Maintain sequential compression device continuous

Routine, Continuous, PACU & Post-op

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

## High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE

Routine, Once, PACU & Post-op

High Risk Pharmacological Prophylaxis - Hip or Knee

(Arthroplasty) Surgical Patient (Single Response)

(Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis

Routine, Once

No pharmacologic VTE prophylaxis due to the following contraindication(s):

PACU & Post-op

( ) aspirin chewable tablet

162 mg, oral, daily, Starting S+1, PACU & Post-op

( ) aspirin (ECOTRIN) enteric coated tablet

162 mg, oral, daily, Starting S+1, PACU & Post-op

( ) Apixaban and Pharmacy Consult (Selection Required)

apixaban (ELIQUIS) tablet

2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op

Indications: VTE prophylaxis

Pharmacy consult to monitor apixaban (ELIQUIS) therapy

STAT, Until discontinued, Starting S

Indications: VTE prophylaxis

( ) enoxaparin (LOVENOX) injection (Single Response)

(Selection Required)

( ) enoxaparin (LOVENOX) syringe

40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op

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

#### DVT Risk and Prophylaxis Tool (Single Response)

VTE/DVT Risk Definitions

URL:  
"\\\appt1\\epicappprod\\Restricted\\OrderSets\\VTEDVTRISK DEFINITIONS.pdf"  
URL:  
"[https://formweb.com/files/houstonmethodist/documents/Covid-19\\_Anticoagulation\\_Guideline - 8.20.2021v15.pdf](https://formweb.com/files/houstonmethodist/documents/Covid-19_Anticoagulation_Guideline - 8.20.2021v15.pdf)"

( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)	
( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
[ ] Moderate risk of VTE	Routine, Once, PACU & Post-op
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[ ] Place sequential compression device (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
[ ] Moderate risk of VTE	Routine, Once, PACU & Post-op
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[ ] Place sequential compression device (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op

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

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

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
( ) MODERATE Risk of DVT - Non-Surgical (Selection Required)	<p><b>Moderate Risk Definition</b></p> <p>Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.</p> <p>One or more of the following medical conditions:</p> <p>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</p> <p>Age 60 and above</p> <p>Central line</p> <p>History of DVT or family history of VTE</p> <p>Anticipated length of stay GREATER than 48 hours</p> <p>Less than fully and independently ambulatory</p> <p>Estrogen therapy</p> <p>Moderate or major surgery (not for cancer)</p> <p>Major surgery within 3 months of admission</p>
<input type="checkbox"/> Moderate Risk (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
( ) HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis must be addressed.	
One or more of the following medical conditions:	
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)	
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[ ] High Risk (Selection Required)	
[ ] High risk of VTE	Routine, Once, PACU & Post-op
[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Enoxaparin for VTE Prophylaxis (Single Response)	
( ) enoxaparin (LOVENOX) 30 mg Daily at 1700	
[ ] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
( ) enoxaparin (LOVENOX) 30 mg Every 12 Hours	
[ ] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
( ) enoxaparin (LOVENOX) 40 mg Daily at 1700	
[ ] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700 Indication(s):
( ) enoxaparin (LOVENOX) 40 mg Every 12 Hours	
[ ] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours Indication(s):

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

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

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once, PACU & Post-op
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[ ] High Risk Pharmacological Prophylaxis - Non-Surgical

Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
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( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

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

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

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once, PACU & Post-op
[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
( ) Apixaban and Pharmacy Consult (Selection Required)	
[ ] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indication: VTE prophylaxis
[ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indication: VTE prophylaxis
( ) enoxaparin (LOVENOX) injection (Single Response) (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)	
<input type="checkbox"/> 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
<input type="checkbox"/> 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:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

## Labs

### Labs

<input checked="" type="checkbox"/> Hemoglobin and hematocrit	Once, PACU & Post-op
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### Labs - AM

<input type="checkbox"/> Basic metabolic panel	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
<input type="checkbox"/> CBC with platelet and differential	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
<input type="checkbox"/> Partial thromboplastin time	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op

[ ] Prothrombin time with INR AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op

## Labs - AM Daily x 3

[ ] Hemoglobin AM draw repeats For 3 Occurrences, PACU & Post-op

## Imaging

### CT

[ ] CT Cervical Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[ ] CT Thoracic Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[ ] CT Lumbar Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op

### X-ray

[ ] Chest 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[ ] Chest 1 Vw in AM	Routine, 1 time imaging, Starting S+1 For 1 , PACU & Post-op
[ ] Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[ ] XR Spine Scoliosos 2-3 Views	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Please add 32 millimeter image calibration necklace to the field of view. AP and Lateral view that includes C2 and femoral heads in single shot with patient standing with hips and knees extended., PACU & Post-op
[ ] Thoracic Spine 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[ ] Lumbar Spine 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[ ] Lumbar Spine Ap Lateral Flexion And Extension	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[ ] Lumbar Spine Complete 4+ Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op
[ ] Thoracolumbar Spine 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , PACU & Post-op

## Consults

For Physician Consult orders use sidebar

### Ancillary Consults

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

[ ] Consult to 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: PACU & Post-op
[ ] Consult to Respiratory Therapy	Reason for Consult? PACU & Post-op