Cervical Fusion Post-Op [1819]

| General | |
|---|--|
| Common Present on Admission Diagnosis | |
| [] Acidosis | Post-op |
| Acute Post-Hemorrhagic Anemia | Post-op |
| Acute Post-nemormagic Ariemia Acute Renal Failure | |
| | Post-op |
| A cute 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 |
| 1 Intestinal Infection due to Clostridium Difficile | Post-op |
| Methicillin Resistant Staphylococcus Aureus Infection | · |
| Obstructive Chronic Bronchitis with Exacerbation | Post-op |
| h 4 | 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 | · · · · · |
| () Elective outpatient procedure: Discharge following routine recovery | Routine, Continuous, PACU & Post-op |
| () Outpatient observation services under general | Admitting Physician: |
| supervision | Patient Condition: |
| | Bed request comments: |
| | PACU & Post-op |
| () Outpatient in a bed - extended recovery | Admitting Physician: |
| | Bed request comments: |
| | PACU & Post-op |
| () Admit to Inpatient | Admitting Physician: |
| | Level of Care: |
| | Patient Condition: |
| | Bed request comments: |
| | Certification: I certify that based on my best clinical judgment |
| | and the patient's condition as documented in the HP and |
| | progress notes, I expect that the patient will need hospital |
| | services for two or more midnights. |
| | PACU & Post-op |
| | |

Admission or Observation (Single Response)

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

| [] Consult to Social Work | Reason for Consult: Post-op |
|---|--|
| [] Modified Code | Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: Post-op |
| [] Treatment Restrictions | I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op |
| Isolation | |
| [] Airborne isolation status | |
| Airborne isolation status Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. | Once, Sputum, Post-op |
| Contact isolation status | Details |
| Droplet isolation status | Details |
| [] Enteric isolation status | Details |
| Precautions | |
| [] Aspiration precautions | PACU & Post-op |
| [X] Fall precautions | Increased observation level needed: PACU & Post-op |
| [] Latex precautions | PACU & Post-op |
| Seizure precautions | Increased observation level needed: |
| | PACU & Post-op |
| [] Spinal precautions | PACU & Post-op |
| Nursing | |
| Vital Signs (Single Response) | |
| (X) Vital signs - T/P/R/BP | Routine, Per unit protocol, PACU & Post-op |
| Activity | |
| [] Strict bed rest | Routine, Until discontinued, Starting S, PACU & Post-op |
| [] Up with assistance | Routine, Until discontinued, Starting S Specify: Up with assistance PACU & Post-op |
| [] Activity as tolerated | Routine, Until discontinued, Starting S Specify: Activity as tolerated PACU & Post-op |
| [] Ambulate with assistance | Routine, Every 8 hours Specify: with assistance,in hall Ambulate with assistance at least 3 times a day, ambulate ir hallway by tomorrow AM., PACU & Post-op |
| [] Up in chair for all meals | Routine, Until discontinued, Starting S Specify: Up in chair Additional modifier: for meals All meals, PACU & Post-op |
| [] Elevate Head of bed 30 degrees | Routine, Until discontinued, Starting S Head of bed: 30 degrees PACU & Post-op |
| [] Head of bed flat | Routine, Until discontinued, Starting S Head of bed: flat PACU & Post-op |

| [X] Assess for neck swelling and airway compromise | Routine, Every 4 hours For 24 Hours Assess: for neck swelling and airway compromise |
|---|---|
| | PACU & Post-op |
| [X] Straight cath | Routine, Every 6 hours If unable to void after second attempt, insert Foley and call physician., PACU & Post-op |
| [X] Insert/Maintain Foley and Notify | priyotolari, i rico a i oot op |
| [X] Insert Foley catheter | Routine, Once |
| , | Type: |
| | Size: |
| | Urinometer needed: |
| | If unable to void after second attempt at straight cath, insert Foley and caphysician, PACU & Post-op |
| [X] Foley catheter care | Routine, Until discontinued, Starting S |
| [A] I didy damoter dard | Orders: Maintain |
| | to gravity/bedside drain, PACU & Post-op |
| [X] 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 |
| 11 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - | Location: |
| | Site: |
| | Apply: |
| | Dressing Type: |
| | Open to air? PACU & Post-op |
| [] Reinforce dressing | Routine, As needed |
| [1] | Reinforce with: |
| | If saturated., PACU & Post-op |
| [] Cervical collar - soft | Routine, Once |
| | Type of Collar to Apply: Soft cervical collar |
| | Special Instructions: obtain from central supply PACU & Post-op |
| [] Cervical collar - Philadelphia | Routine, Once |
| [] Corvical Collai - Filiadolphia | Type of Collar to Apply: Philadelphia Collar |
| | Special Instructions: Obtain from central supply. |
| | PACU & Post-op |
| [] Cervical collar - Miami J | 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 applica | · |
| orthotic device | tuorior Routine, ortinaiscoriunaca, starting 6,17,00 a 1 ost 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 |
| L1 - Las samembers electrings - Enateral trigiting in | May remove once patient ambulatory, PACU & Post-op |
| [X] No anticoagulants INcluding UNfractionated hepa | |
| | Reason for "No" order: Postop Cervical Fusion |
| | PACU & Post-op |
| [X] No anti-platelet agents INcluding aspirin | Routine, Until discontinued, Starting S |
| | |
| [X] No anti-platelet agents INcluding aspirin | |

Notify (Selection Required)

| [X] Notify Physician of neck swelling or if airway compromised | Routine, Until discontinued, Starting S, PACU & Post-op |
|--|--|
| [X] Notify Physician if acute change in neurological status | Routine, Until discontinued, Starting S, PACU & Post-op |
| [X] Notify Physician bleeding at site | Routine, Until discontinued, Starting S, PACU & Post-op |
| [X] Notify Physician of No Bowel Movement for more than 72 hours | Routine, Until discontinued, Starting S, PACU & Post-op |
| Diet | |
| [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: PACU & Post-op |
| [] Diet - Full liquids | Diet effective now, Starting S Diet(s): Full Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: 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/255 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 | 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 |
| [7] Lation oddodion Wound odio | 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 | |
| infusion | |
| () dextrose 5 % and sodium chloride 0.45 % with | intravenous, continuous, Post-op |
| potassium chloride 20 mEq/L infusion - for NPO F | Patients |
| Medications | |
| Steroids (Single Response) | |
| () dexamethasone (DECADRON) IV | 4 mg, intravenous, every 6 hours scheduled, Post-op |
| () methylPREDNISolone sodium succinate | 40 mg, intravenous, every 6 hours scheduled, Post-op |
| (Solu-MEDROL) injection | to mg, milatorious, every e moule contoudiou, i con op |
| () methylPREDNISolone (MEDROL PAK) dose pacin AM) | k (start |
| 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 |
| [] methylPREDNISolone (MEDROL) tablet | based on time of day. 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 |
| 1 1 month it Established (MESITOE) tablet | ing, trai, i amos dany taponing, otaliang or 2,1 oot op |

NSAIDS (Single Response)

These orders should be used for Cervical Arthroplasty. Use in spinal fusion patients is not recommended.

| () indomethacin (INDOCIN) capsule | 50 mg, oral, 3 times daily with meals, Starting S+1, Post-op Start POD #1. Use in spinal fusion patients not recommended. |
|--|---|
| () indomethacin SR (INDOCIN SR) CR capsule | 75 mg, oral, daily with breakfast, Starting S+1, Post-op Start POD #1. Use in spinal fusion patients not recommended. |
| Medications | |
| [] pantoprazole (PROTONIX) IV or ORAL | "Or" Linked Panel |
| [] 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 drains | Isite |
| [] Antibiotics: For Patients LESS than or EQUAL | _ |
| [] 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 |
| [] cefepime (MAXIPIME) IV | guidelines for surgical prophylaxis for the stop date/duration 2 g, intravenous, every 12 hours |
| [] Cerepline (MAXIF IME) IV | Reason for Therapy: Surgical Prophylaxis |
| | Surgical Prophylaxis: Please follow institutional and service line-specific |
| | guidelines for surgical prophylaxis for the stop date/duration |
| [] vancomycin 15 mg/kg IV + Pharmacy Consul Required) | It (Selection |
| [] vancomycin (VANCOCIN) | 15 mg/kg, intravenous, once, For 1 Doses |
| [1] | On call to cath lab. Transport antibiotics with patient to cath lab and |
| | |
| | administer prior to start of procedure |
| | Reason for Therapy: Surgical Prophylaxis |
| Pharmacy consult to manage vancomycin | Reason for Therapy: Surgical Prophylaxis STAT, Until discontinued, Starting S |
| [] Pharmacy consult to manage vancomycin | Reason for Therapy: Surgical Prophylaxis STAT, Until discontinued, Starting S Indication: Implanted Device Prophylaxis |
| [] Pharmacy consult to manage vancomycin | Reason for Therapy: Surgical Prophylaxis STAT, Until discontinued, Starting S Indication: Implanted Device Prophylaxis Reason for Therapy: Surgical Prophylaxis |
| [] Pharmacy consult to manage vancomycin | Reason for Therapy: Surgical Prophylaxis STAT, Until discontinued, Starting S Indication: Implanted Device Prophylaxis Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific |
| Pharmacy consult to manage vancomycin | Reason for Therapy: Surgical Prophylaxis STAT, Until discontinued, Starting S Indication: Implanted Device Prophylaxis Reason for Therapy: Surgical Prophylaxis |
| [] Pharmacy consult to manage vancomycin [] Antibiotics: For Patients GREATER than 120 k | Reason for Therapy: Surgical Prophylaxis 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): |
| | Reason for Therapy: Surgical Prophylaxis 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): (g 1 g, intravenous, every 8 hours |
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| [] Antibiotics: For Patients GREATER than 120 k [] cefazolin (ANCEF) IV - until drains removed | Reason for Therapy: Surgical Prophylaxis 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): 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 |
| [] Antibiotics: For Patients GREATER than 120 k | Reason for Therapy: Surgical Prophylaxis 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): 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 2 g, intravenous, every 12 hours |
| [] Antibiotics: For Patients GREATER than 120 k [] cefazolin (ANCEF) IV - until drains removed | Reason for Therapy: Surgical Prophylaxis 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): 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 2 g, intravenous, every 12 hours Reason for Therapy: Surgical Prophylaxis |
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| [] Antibiotics: For Patients GREATER than 120 k [] cef azolin (ANCEF) IV - until drains removed [] cef ep ime (MAXIPIME) IV [] vancomycin 15 mg/kg IV + Pharmacy Consul | Reason for Therapy: Surgical Prophylaxis 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): 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 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 |
| [] Antibiotics: For Patients GREATER than 120 k [] cefazolin (ANCEF) IV - until drains removed [] cefepime (MAXIPIME) IV [] vancomycin 15 mg/kg IV + Pharmacy Consul Required) | Reason for Therapy: Surgical Prophylaxis 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): (g 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 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 It (Selection |
| [] Antibiotics: For Patients GREATER than 120 k [] cefazolin (ANCEF) IV - until drains removed [] cefepime (MAXIPIME) IV [] vancomycin 15 mg/kg IV + Pharmacy Consul Required) | Reason for Therapy: Surgical Prophylaxis 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): 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 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 |
| Antibiotics: For Patients GREATER than 120 k Cefazolin (ANCEF) IV - until drains removed cefepime (MAXIPIME) IV vancomycin 15 mg/kg IV + Pharmacy Consul Required) | Reason for Therapy: Surgical Prophylaxis 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): (g 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 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 It (Selection 15 mg/kg, intravenous, once, For 1 Doses |

| [] 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 surgionsite drains | cal |
| [] Antibiotics: For Patients LESS than or EQUAL to | 120 kg |
| [] 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 |
| [] 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 |
| [] vancomycin 15 mg/kg IV + Pharmacy Consult (| |
| [] 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 |
| [1] Pharmany consult to manage vancomyoin | Reason for Therapy: Surgical Prophylaxis STAT, Until discontinued, Starting S |
| [] Pharmacy consult to manage vancomycin | 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 |
| Antibiotics: For Patients GREATER than 120 kg | Duration of Therapy (Days): |
| - 1 | 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 |
| [] 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 |
| [] vancomycin 15 mg/kg IV + Pharmacy Consult (Required) | Selection |
| [] 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 |
| [] 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): |
| Medications | |
| [] benzocaine-menthol (CEPACOL MAX) lozenge 15- | 3.6 1 lozenge, buccal, PRN, sore throat, Post-op |
| mg | 1.102011g0, 2.000ai, 1.1111, 0010 it it oai, 1.001 op |
| [] phenol 1.4 % (CHLORASEPTIC) spray - for patient cannot tolerate lozenges | s who 2 spray, Mouth/Throat, every 3 hours PRN, sore throat, Post-op |
| Muscle Relaxants (Single Response) | |
| () methocarbamol (ROBAXIN) 500 mg in sodium chlo 0.9 % 100 mL IVPB | ride 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 |
| Printed on 1/28/2022 at 10:24 AM from TST Environmen | t Page 8 of 32 |

|) 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 |
| ntiemetics | |
| X] ondansetron (ZOFRAN) IV or Oral (Selection Re | equired) "Or" Linked Panel |
| [X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet | 4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication. |
| [X] ondansetron (ZOFRAN) 4 mg/2 mL injection | 4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset o action is required. |
|] _promethazine (PHENERGAN) IV or Oral or Rec | · · · · · · · · · · · · · · · · · · · |
| [] promethazine (PHENERGAN) 12.5 mg IV | 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required |
| [] promethazine (PHENERGAN) tablet | 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. |
| [] promethazine (PHENERGAN) suppository | 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. |
|] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 r | ng over 3 1 patch, transdermal, for 72 Hours, every 72 hours, Post-op |
| days) - For Patients LESS than 65 years old | |
| days) - For Patients LESS than 65 years old | 1 patch, transdermal, for 72 Hours, every 72 hours, Post-op 650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op |
| days) - For Patients LESS than 65 years old | 650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op |
| days) - For Patients LESS than 65 years old RN Medications - Symptom Management X] acetaminophen (TYLENOL) tablet Itching - Neurosurgery medications (Single Responded diphenhydramine use in patients over 70 years. () cetirizine (ZyrTEC) tablet | 650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op ponse) years old when possible. 5 mg, oral, daily PRN, itching, Post-op |
| days) - For Patients LESS than 65 years old RN Medications - Symptom Management [X] acetaminophen (TYLENOL) tablet Itching - Neurosurgery medications (Single Responded diphenhydramine use in patients over 70 years) () cetirizine (ZyrTEC) tablet () diphenhydrAMINE (BENADRYL) injection | 650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op ponse) years old when possible. |
| days) - For Patients LESS than 65 years old RN Medications - Symptom Management [X] acetaminophen (TYLENOL) tablet [Itching - Neurosurgery medications (Single Responded diphenhydramine use in patients over 70 years) [Output | 650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op ponse) years old when possible. 5 mg, oral, daily PRN, itching, Post-op 12.5 mg, intravenous, every 12 hours PRN, itching, Post-op |
| days) - For Patients LESS than 65 years old RN Medications - Symptom Management [X] acetaminophen (TYLENOL) tablet [Itching - Neurosurgery medications (Single Responded diphenhydramine use in patients over 70 y () cetirizine (ZyrTEC) tablet () diphenhydrAMINE (BENADRYL) injection [RN Medications - Bowel Management] [X] polyethylene glycol (MIRALAX) packet 17 gram | 650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op ponse) years old when possible. 5 mg, oral, daily PRN, itching, Post-op 12.5 mg, intravenous, every 12 hours PRN, itching, Post-op |
| days) - For Patients LESS than 65 years old RN Medications - Symptom Management [X] acetaminophen (TYLENOL) tablet [Itching - Neurosurgery medications (Single Responded Disphenhydramine use in patients over 70 years) [O] cetirizine (ZyrTEC) tablet [O] diphenhydrAMINE (BENADRYL) injection [CRN Medications - Bowel Management] [X] polyethylene glycol (MIRALAX) packet 17 gram years) [X] docusate sodium (COLACE) capsule | 650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op ponse) years old when possible. 5 mg, oral, daily PRN, itching, Post-op 12.5 mg, intravenous, every 12 hours PRN, itching, Post-op 17 g, oral, 2 times daily, Post-op 100 mg, oral, 2 times daily, Post-op |
| days) - For Patients LESS than 65 years old RN Medications - Symptom Management [X] acetaminophen (TYLENOL) tablet [Itching - Neurosurgery medications (Single Responded Description of the Property of the | 650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op ponse) years old when possible. 5 mg, oral, daily PRN, itching, Post-op 12.5 mg, intravenous, every 12 hours PRN, itching, Post-op 17 g, oral, 2 times daily, Post-op 100 mg, oral, 2 times daily, Post-op 30 mL, oral, daily PRN, constipation, Post-op |
| days) - For Patients LESS than 65 years old RN Medications - Symptom Management [X] acetaminophen (TYLENOL) tablet Itching - Neurosurgery medications (Single Responded Description of the Neurosurgery Medication of the Neurosurgery Medication of | 650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op ponse) years old when possible. 5 mg, oral, daily PRN, itching, Post-op 12.5 mg, intravenous, every 12 hours PRN, itching, Post-op 17 g, oral, 2 times daily, Post-op 100 mg, oral, 2 times daily, Post-op 30 mL, oral, daily PRN, constipation, Post-op 5 mg, oral, daily PRN, constipation, Post-op |
| days) - For Patients LESS than 65 years old RN Medications - Symptom Management [X] acetaminophen (TYLENOL) tablet [Itching - Neurosurgery medications (Single Responded Description of the Property of the | 650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op ponse) years old when possible. 5 mg, oral, daily PRN, itching, Post-op 12.5 mg, intravenous, every 12 hours PRN, itching, Post-op 17 g, oral, 2 times daily, Post-op 100 mg, oral, 2 times daily, Post-op 30 mL, oral, daily PRN, constipation, Post-op |
| days) - For Patients LESS than 65 years old RN Medications - Symptom Management [X] acetaminophen (TYLENOL) tablet Itching - Neurosurgery medications (Single Responder of the Avoid diphenhydramine use in patients over 70 y () cetirizine (ZyrTEC) tablet () diphenhydramine (BENADRYL) injection RN Medications - Bowel Management [X] polyethylene glycol (MIRALAX) packet 17 gram y [X] docusate sodium (COLACE) capsule I magnesium hydroxide suspension I bisacodyl (DULCOLAX) EC tablet I bisacodyl (DULCOLAX) suppository | 650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op ponse) years old when possible. 5 mg, oral, daily PRN, itching, Post-op 12.5 mg, intravenous, every 12 hours PRN, itching, Post-op 17 g, oral, 2 times daily, Post-op 100 mg, oral, 2 times daily, Post-op 30 mL, oral, daily PRN, constipation, Post-op 5 mg, oral, daily PRN, constipation, Post-op 10 mg, rectal, daily PRN, constipation, Post-op |
| days) - For Patients LESS than 65 years old RN Medications - Symptom Management [X] acetaminophen (TYLENOL) tablet Itching - Neurosurgery medications (Single Responder of Avoid diphenhydramine use in patients over 70 y () cetirizine (ZyrTEC) tablet () diphenhydramine (BENADRYL) injection RN Medications - Bowel Management [X] polyethylene glycol (MIRALAX) packet 17 gram y [X] docusate sodium (COLACE) capsule [Magnesium hydroxide suspension [Magnesium hydroxide suspension] [Magnesium hydroxide suspension] | 650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op ponse) years old when possible. 5 mg, oral, daily PRN, itching, Post-op 12.5 mg, intravenous, every 12 hours PRN, itching, Post-op 17 g, oral, 2 times daily, Post-op 100 mg, oral, 2 times daily, Post-op 30 mL, oral, daily PRN, constipation, Post-op 5 mg, oral, daily PRN, constipation, Post-op 10 mg, rectal, daily PRN, constipation, Post-op |
| days) - For Patients LESS than 65 years old RN Medications - Symptom Management [X] acetaminophen (TYLENOL) tablet Itching - Neurosurgery medications (Single Reseated Avoid diphenhydramine use in patients over 70 y () cetirizine (ZyrTEC) tablet () diphenhydrAMINE (BENADRYL) injection RN Medications - Bowel Management [X] polyethylene glycol (MIRALAX) packet 17 gram [X] docusate sodium (COLACE) capsule [] magnesium hydroxide suspension [] bisacodyl (DULCOLAX) EC tablet [] bisacodyl (DULCOLAX) suppository [] magnesium citrate solution PRN Medications - Bowel Management | 650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op ponse) years old when possible. 5 mg, oral, daily PRN, itching, Post-op 12.5 mg, intravenous, every 12 hours PRN, itching, Post-op 100 mg, oral, 2 times daily, Post-op 100 mg, oral, 2 times daily, Post-op 30 mL, oral, daily PRN, constipation, Post-op 5 mg, oral, daily PRN, constipation, Post-op 10 mg, rectal, daily PRN, constipation, Post-op 150 mL, oral, daily PRN, constipation, For 2 Doses, Post-op |
| days) - For Patients LESS than 65 years old RN Medications - Symptom Management [X] acetaminophen (TYLENOL) tablet Itching - Neurosurgery medications (Single Responded Discourage) Avoid diphenhydramine use in patients over 70 y () cetirizine (ZyrTEC) tablet () diphenhydramine (BENADRYL) injection RN Medications - Bowel Management [X] polyethylene glycol (MIRALAX) packet 17 gram yellow (COLACE) capsule [] magnesium hydroxide suspension [] bisacodyl (DULCOLAX) EC tablet [] bisacodyl (DULCOLAX) suppository [] magnesium citrate solution [RN Medications - Bowel Management [] saline,mineral oil,glycerin (S.M.O.G.) enema | 650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op ponse) years old when possible. 5 mg, oral, daily PRN, itching, Post-op 12.5 mg, intravenous, every 12 hours PRN, itching, Post-op 100 mg, oral, 2 times daily, Post-op 100 mg, oral, 2 times daily, Post-op 30 mL, oral, daily PRN, constipation, Post-op 5 mg, oral, daily PRN, constipation, Post-op 10 mg, rectal, daily PRN, constipation, Post-op 150 mL, oral, daily PRN, constipation, For 2 Doses, Post-op |

| wedications (Single Response) | |
|--|--|
| norPHINE PCA 30 mg/30 mL | |
| morPHINE 30 mg/30 mL PCA | Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: Not Ordered Basal Rate: 0 mg/hr MAX (Four hour dose limit): 20 mg intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE. Adjust doses for age, renal function or other factors. |
| Vital signs - T/P/R/BP | Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change |
| · · · · · · · · · · · · · · · · · · · | Routine, Once |
| 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 - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention |
| 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. |
| vdromorPHONE PCA (DILAUDID) 15 mg/30 mL | |
| | Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout: Not Ordered Basal Rate: 0 mg/hr MAX (Four hour dose limit): 3 mg intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose: 26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time: |
| | Vital signs - T/P/R/BP Pasero Opioid-induced Sedation Scale Notify Physician (Specify) Stop the PCA pump and call ordering physician and/or CERT team for any of the following: naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg ydromorPHONE PCA (DILAUDID) 15 mg/30 mL hydromorPHONE (DILAUDID) 15 mg/30 mL |

| [] | 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 |
| <u> </u> | Pasero Opioid-induced Sedation Scale Notify Physician (Specify) | Routine, Once Routine, Until discontinued, Starting S, - PCA pump infusion discontinued |
| [] | Notify Friysidan (Specify) | 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 |
| [] | physician and/or CERT team for any of the | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less |
| | following: | Severe and/or recent confusion or disorientation POSS sedation level 4: Somnolent and difficult to arouse |
| | | - Sustained hypotension (SBP less than 90) |
| | | - Excessive nausea or vomiting |
| П | naloxone (NARCAN) 0.4 mg/mL injection | Urinary retention0.2 mg, intravenous, once PRN, respiratory depression, as needed for |
| '' | 0.2 mg | respiratory rate 8 per minute or less OR patient somnolent and difficult to |
| | | arouse (POSS GREATER than 3)., Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 |
| | | mg). If naloxone is needed, please call the ordering physician and/or |
| | | CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 |
| () f | entaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL | minutes for 3 times. |
| | fentaNYL (SUBLIMAZE) 1500 mcg/30 mL | Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout: |
| | PCA | Not Ordered Basal Rate: 0 mcg/hr Four Hour Dose Limit: 150 mcg |
| | | intravenous, continuous, Post-op |
| | | **Due to fentaNYL 600 mcg/30 mL shortages, the new standard for all facilities will be fentaNYL 1500 mcg/30 mL. This concentration is 2.5 x |
| | | more concentrated.** |
| | | Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus |
| | | doses in 12 hours or if pain persists after increase in demand dose, call |
| | | ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose: 26656:: "25"} mcg every {Bolus Frequency: 26655:: "2"} |
| | | hours as needed. If pain persists, may increase PCA demand dose by |
| | | {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function |
| | | or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: |
| _ | | Turn Off PCA Continuous Dose (Basal Rate) At Time: |
| [] | Vital signs - T/P/R/BP | Routine, Per unit protocol |
| | | Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then |
| | | - Every hour x 2 starting second hour after PCA started, bolus |
| | | administered or dose change; then - Every 4 hours until PCA therapy is discontinued. |
| | | - Immediately following PCA administration tubing change |
| $ \overline{\square}$ | Pasero Opioid-induced Sedation Scale | Routine, Once |
| [] | Notify Physician (Specify) | Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason |
| | | 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 - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention |
|----|--|--|
| [] | naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg Medications - HMSL, HMW, HMSTC, HMSTJ | 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. |
| | norPHINE PCA 30 mg/30 mL | Only (Onligie Response) |
| [] | morPHINE 30 mg/30 mL PCA Vital signs - T/P/R/BP | 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. Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then |
| | | Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then Every 4 hours until PCA therapy is discontinued. Immediately following PCA administration tubing change, Post-op |
| | Pasero Opioid-induced Sedation Scale Notify Physician (Specify) | Routine, Once Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op |
| [] | Stop the PCA pump and call ordering physician and/or CERT team for any of the following: | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) |

Excessive nausea or vomitingUrinary retention, Post-op

minutes for 3 times.

arouse (POSS GREATER than 3)., Post-op

0.2 mg, intravenous, once PRN, respiratory depression, as needed for

respiratory rate 8 per minute or less OR patient somnolent and difficult to

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

() hydromorPHONE PCA (DILAUDID) 15 mg/30 mL

[] naloxone (NARCAN) 0.4 mg/mL injection

0.2 mg

| [] 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 intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose: 26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time: |
|---|--|
| [] Vital signs - T/P/R/BP | Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change, Post-op |
| [] Pasero Opioid-induced Sedation Scale [] Notify Physician (Specify) | Routine, Once Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op |
| [] Stop the PCA pump and call ordering physician and/or CERT team for any of the following: | Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention, Post-op |
| [] naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg | 0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. |
| () 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 intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time: |

| [] | Vital signs - T/P/R/BP | | Per unit protocol and every 30 minutes for 1 hour after PCA started, bolus |
|--------|--|------------------|---|
| | | | tration or dose change; then |
| | | | nour x 2 starting second hour after PCA started, bolus |
| | | | tered or dose change; then 4 hours until PCA therapy is discontinued. |
| | | | iately following PCA administration tubing change, Post-op |
| [] | Richmond agitation sedation scale | Routine, | |
| | | Hold info | usion daily at: |
| | | | nitoring (Target BIS: 40-60): |
| | | 60 minut | es after administration of pain medication AND every 4 hours. |
| | | | and document side effects of at least every 4 hours for duration of |
| [] | Notify Physician (Specify) | | and when patient complains of pain and/or side effects., Post-op Until discontinued, Starting S, - PCA pump infusion discontinued |
| ' | Tree in y . Tryeleian (epeeny) | for any r | |
| | | | uate analgesia |
| | | | o administration of any other narcotics, antiemetics, or sedatives an those ordered by the prescriber responsible for IV PCA therapy |
| | | | ump discontinued by any service other than the prescriber |
| _ | | respons | ible for IV PCA therapy, Post-op |
| [] | Stop the PCA pump and call ordering | | Until discontinued, Starting S, - Respiratory rate 10 per minute or |
| | physician and/or CERT team for any of the following: | less - Severe | and/or recent confusion or disorientation |
| | .ccg. | | sedation level 4: Somnolent and difficult to arouse |
| | | | ned hypotension (SBP less than 90) |
| | | | sive nausea or vomiting retention, Post-op |
| Ιī | naloxone (NARCAN) 0.4 mg/mL injection | | intravenous, once PRN, respiratory depression, as needed for |
| ., | 0.2 mg | respirato | ory rate 8 per minute or less OR patient somnolent and difficult to |
| | | | POSS GREATER than 3)., Post-op |
| | | | Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 aloxone is needed, please call the ordering physician and/or |
| | | | eam. Monitor vital signs (pulse oximetry, P/R/BP) every 15 |
| | | minutes | for 3 times. |
| PRN | Medications - Pain - Pain Score (4-6) (Single | Respons | e) |
| ` ' | HYDROcodone-acetaminophen (NORCO) 5-325 | mg per | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), |
| | ablet | na nor | Post-op 1 tablet are levery 4 beurs DDN moderate pain (seers 4.6) |
| | icetaminophen-codeine (TYLENOL #3) 300-30 r ablet | ng per | 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op |
| • | | | The use of codeine-containing products is contraindicated in |
| | | | patients LESS THAN 12 years of age. Is this patient OVER 12 |
| () ti | raMADol (ULTRAM) tablet | | years of age? Y/N: 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), |
| () (| awabo (oemaw) tablet | | Post-op |
| | | | Maximum Daily Dose: 200 mg/day |
| () tı | raMADoL (ULTRAM) tablet | | 100 mg, oral, every 6 hours PRN, moderate pain (score 4-6) |
| PRN | Medications - Pain - Pain Score (7-10) (Sing | le Respon | se) |
| . , | cetaminophen-codeine (TYLENOL #3) 300-30 r | ng per | 2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), |
| ta | ablet | | 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 | 2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), |
| | ablet raMADoL (ULTRAM) tablet | | Post-op 50 mg, oral, every 6 hours PRN, severe pain (score 7-10), |
| () (1 | Idivi, DOL (OL ITAIVI) tablet | | 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: |
|---|---|
|) Terriary E (OODERW/VZE) Injection | 4-10) - inadequate pain relief following administration of oral |
| | agents, Post-op |
| | Administer after pain re-assessment for inadequate pain relie |
|) 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 relie |
|) HYDROmorphone (DILAUDID) injection | 0.5 mg, intravenous, every 3 hours PRN, other, pain (score: |
| | 4-10) - inadequate pain relief following administration of oral |
| | agents, Post-op |
| | Administer after pain re-assessment for inadequate pain relie |
| /TE | |
| OVT Risk and Prophylaxis Tool (Single Response | |
| VTE/DVT Risk Definitions | URL: |
| | "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK |
| Antico condition Oxido for COVID a ctionto | DEFINITIONS.pdf" |
| Anticoagulation Guide for COVID patients | URL: |
| | "https://formweb.com/files/houstonmethodist/documents/C |
|) D :: () () | OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" |
| Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strat | |
| (Single Response) (Selection Required) | inoation |
| () Moderate Risk - Patient currently has an activ | e order for |
| therapeutic anticoagulant or VTE prophylaxis | |
| Required) | (OCICCUOI) |
| Moderate risk of VTE | Routine, Once, PACU & Post-op |
| Patient currently has an active order for | Routine, Once |
| therapeutic anticoagulant or VTE | No pharmacologic VTE prophylaxis because: patient is already on |
| prophylaxis | therapeutic anticoagulation for other indication. |
| ριοριιγιαλίο | Therapy for the following: |
| | PACU & Post-op |
| [] Place sequential compression device (Single | |
| () Contraindications exist for mechanical | Routine, Once |
| prophylaxis | No mechanical VTE prophylaxis due to the following |
| | contraindication(s): |
| | PACU & Post-op |
| () Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| () Moderate Risk - Patient currently has an activ | e order for |
| therapeutic anticoagulant or VTE prophylaxis | |
| Required) | (|
| Moderate risk of VTE | Routine, Once, PACU & Post-op |
| Patient currently has an active order for | Routine, Once |
| therapeutic anticoagulant or VTE | No pharmacologic VTE prophylaxis because: patient is already on |
| prophylaxis | therapeutic anticoagulation for other indication. |
| L L | Therapy for the following: |
| | PACU & Post-op |
| [] Place sequential compression device (Single | |
| () Contraindications exist for mechanical | Routine, Once |
| prophylaxis | No mechanical VTE prophylaxis due to the following |
| | contraindication(s): |
| | PACU & Post-op |
| () Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| () High Risk - Patient currently has an active ord | erfor |
| | |
| | |
| therapeutic anticoagulant or VTE prophylaxis Required) | (Ociconon |

| [] 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 F | | |
| () 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 orde therapeutic anticoagulant or VTE prophylaxis (S 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 F | · · · · · · · · · · · · · · · · · · · | |
| () 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 Require() Low risk of VTE | Routine, Once | |
| () LOWHOROT VIL | Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op | |
| () MODERATE Risk of DVT - Surgical (Selection Re- | quired) | |
| 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) | Pouting Once PACII& Post on | |
| Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required) | | |
| Contraindications exist for pharmacologic prop BUT order Sequential compression device | | |

| [] Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following |
|--|--|
| | contraindication(s): |
| [1] Disco/Maintain acquential compression | PACU & Post-op |
| [] Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| () Contraindications exist for pharmacologic pro AND mechanical prophylaxis | ophylaxis "And" Linked Panel |
| [] Contraindications exist for pharmacologic | Routine, Once |
| prophylaxis | No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| [] Contraindications exist for mechanical | Routine, Once |
| prophylaxis | No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| () enoxaparin (LOVENOX) injection (Single Res (Selection Required) | sponse) |
| () enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis |
| () patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min |
| () and instrumental and 100 100 km AND | Indication(s): VTE Prophylaxis |
| () patients weight between 100-139 kg AND | 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PAC |
| CrCl GREATER than 30 mL/min | & Post-op For Potients weight between 100 130 kg and CrCL CREATER than 30 |
| | For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| | Indication(s): VTE Prophylaxis |
| () patients weight 140 kg or GREATER AND | 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PAC |
| CrCl GREATER than 30 mL/min | & Post-op |
| OTOT OTCE TO THE TIME | For Patients weight 140 kg or GREATER and CrCl GREATER than 30 |
| | mL/min |
| | Indication(s): VTE Prophylaxis |
| () fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication |
| | Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. |
| | This patient has a history of or suspected case of Heparin-Induced |
| | Thrombocytopenia (HIT): |
| () heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & |
| | Post-op |
| () heparin (porcine) injection (Recommended | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & |
| for patients with high risk of bleeding, e.g. | Post-op Poso-monded for nationts with high risk of blooding, a.g. weight LESS |
| weight < 50kg and age > 75yrs) | Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| () HEParin (porcine) injection - For Patients | 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & |
| with weight GREATER than 100 kg | Post-op |
| Man worght One/then than 100 kg | For patients with weight GREATER than 100 kg. |
| () warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1, PACU & Post-op |
| () Di | Indication: |
| () Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| Mechanical Prophylaxis (Single Response) (Serequired) | |
| () Contraindications exist for mechanical | Routine, Once |
| prophylaxis | No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op |
| () Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| MODERATE Risk of DVT - Non-Surgical (Selecti | on |

⁽⁾ 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 GRÉATER 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

| Routine, Once, PACU & Post-op |
|---|
| Noutine, Once, i Aco & i ost-op |
| tion |
| |
| ohylaxis - "And" Linked Panel |
| Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| Routine, Continuous, PACU & Post-op |
| phylaxis "And" Linked Panel |
| Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| ponse) |
| 40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis |
| 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis |
| 30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, |
| PACU & Post-op |
| For Patients weight between 100-139 kg and CrCl GREATER than 3 mL/min |
| Indication(s): VTE Prophylaxis |
| 40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op |
| For Patients weight 140 kg or GREATER and CrCl GREATER than 3 |
| |
| mL/min |
| mL/min Indication(s): VTE Prophylaxis |
| Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, PACU & Post-op |
| Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of |
| Indication(s): VTE Prophylaxis 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 |
| Indication(s): VTE Prophylaxis 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 |
| Indication(s): VTE Prophylaxis 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 |
| |

| () h | neparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op |
|--------|--|---|
| () h | neparin (porcine) injection (Recommended | 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op |
| | or patients with high risk of bleeding, e.g. veight < 50kg and age > 75yrs) | Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| | 0 0 7 7 | <u> </u> |
| | 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. |
| () w | varfarin (COUMADIN) tablet | oral, daily at 1700, PACU & Post-op Indication: |
| () F | Pharmacy consult to manage warfarin | STAT, Until discontinued, Starting S |
| | COUMADIN) | Indication: |
| | echanical Prophylaxis (Single Response) (Sele equired) | ection |
| () C | Contraindications exist for mechanical | Routine, Once |
| | prophylaxis | No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| | Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
|) HIGH | H Risk of DVT - Surgical (Selection Required) | |
| | 51.1.5.0.12 | |

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 - Surg (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 Res | |
| () enoxaparin (LOVENOX) 30 mg Daily at 170 | |
| [] enoxaparin (LOVENOX) injection | 30 mg, subcutaneous, daily at 1700 Indication(s): |
| () enoxaparin (LOVENOX) 30 mg Every 12 He | ours |
| [] enoxaparin (LOVENOX) injection | 30 mg, subcutaneous, daily at 1700 Indication(s): |
| () enoxaparin (LOVENOX) 40 mg Daily at 170 | 00 |
| [] enoxaparin (LOVENOX) injection | 40 mg, subcutaneous, daily at 1700 Indication(s): |
| () enoxaparin (LOVENOX) 40 mg Every 12 He | ours |
| [] 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 | 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & |
| with weight GREATER than 100 kg | Post-op |
| · · | For patients with weight GREATER than 100 kg. |
| () warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1, PACU & Post-op |
| | Indication: |
| () Pharmacy consult to manage warfarin | STAT, Until discontinued, Starting S |
| (COUMADIN) | Indication: |
| [] Mechanical Prophylaxis (Single Response) (Se Required) | election |
| () Contraindications exist for mechanical | Routine, Once |
| prophylaxis | No mechanical VTE prophylaxis due to the following contraindication(s): |
| | PACU & Post-op |
| () Place/Maintain sequential compression | Routine, Continuous, PACU & Post-op |
| device continuous | · |
|) HIGH Risk of DVT - Non-Surgical (Selection Reg | uired) |

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 | <u>()</u> |
| () Contraindications exist for pharmacologic | Routine, Once |
| prophylaxis | No pharmacologic VTE prophylaxis due to the following |
| | contraindication(s): |
| | PACU & Post-op |
| () enoxaparin (LOVENOX) injection (Single Res (Selection Required) | sponse) |
| () enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis |
| () patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis |
| () patients weight between 100-139 kg AND 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) (Sele Required) | ection |
| () | Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| () | Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| . , | GH Risk of DVT - Surgical (Hip/Knee) (Selection equired) | |
| | | |

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 o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) | |
| () Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| () aspirin chewable tablet | 162 mg, oral, daily, Starting S+1, PACU & Post-op |
| () aspirin (ECOTRIN) enteric coated tablet | 162 mg, oral, daily, Starting S+1, PACU & Post-op |
| () Apixaban and Pharmacy Consult (Selection F | Required) |
| [] apixaban (ELIQUIS) tablet | 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis |
| [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy | STAT, Until discontinued, Starting S Indications: VTE prophylaxis |
| () enoxaparin (LOVENOX) injection (Single Res (Selection Required) | ponse) |
| () 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 |
| () | heparin (porcine) injection | Thrombocytopenia (HIT): 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) (Sele Required) | ection |
| () | Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| () | Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| VTE | tisk and Prophylaxis Tool (Single Response) COVI Risk Definitions coagulation Guide for COVID patients | URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" |
| ant | tient currently has an active order for therapeutic ticoagulant or VTE prophylaxis with Risk Stratific ngle Response) (Selection Required) | |
| () | Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Son 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: |

| () 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 therapeutic anticoagulant or VTE prophylaxis Required) | |
| Moderate risk of VTE | Routine, Once, PACU & Post-op |
| Patient currently has an active order for | Routine, Once |
| therapeutic anticoagulant or VTE | No pharmacologic VTE prophylaxis because: patient is already on |
| prophylaxis | therapeutic anticoagulation for other indication. |
| | Therapy for the following: PACU & Post-op |
|] Place sequential compression device (Single | · |
| () Contraindications exist for mechanical | Routine, Once |
| prophylaxis | No mechanical VTE prophylaxis due to the following |
| | contraindication(s): |
| | PACU & Post-op |
| () Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis | |
| Required) | |
|] High risk of VTE | Routine, Once, PACU & Post-op |
| Patient currently has an active order for | Routine, Once |
| therapeutic anticoagulant or VTE | No pharmacologic VTE prophylaxis because: patient is already on |
| prophylaxis | therapeutic anticoagulation for other indication. Therapy for the following: |
| | PACU & Post-op |
|] Place sequential compression device (Single | · |
| () Contraindications exist for mechanical | Routine, Once |
| prophylaxis | No mechanical VTE prophylaxis due to the following |
| | contraindication(s): |
| | PACU & Post-op |
| () Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis | |
| Required) | (|
|] High risk of VTE | Routine, Once, PACU & Post-op |
| Patient currently has an active order for | Routine, Once |
| therapeutic anticoagulant or VTE | No pharmacologic VTE prophylaxis because: patient is already on |
| prophylaxis | therapeutic anticoagulation for other indication. |
| | Therapy for the following: PACU & Post-op |
|] Place sequential compression device (Single | |
| () Contraindications exist for mechanical | Routine, Once |
| prophylaxis | No mechanical VTE prophylaxis due to the following |
| L L | contraindication(s): |
| | PACU & Post-op |
| () Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| LOW Risk of DVT (Selection Required) | |
| _ow Risk Definition | |
| Age less than 60 years and NO other VTE risk fa | actors |
| | |

| | () Low risk of VTE | Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op |
|---|--|--|
| Ļ | () MODEDATED: (D)/T 0 : (O (: D) | · |

() 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 GRÉATER 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 - S Patient (Single Response) (Selection Required) | Surgical |
| () Contraindications exist for pharmacologic prop BUT order Sequential compression device | phylaxis "And" Linked Panel |
| [] Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| [] Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| Contraindications exist for pharmacologic prop AND mechanical prophylaxis | phylaxis "And" Linked Panel |
| [] Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| [] Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| () enoxaparin (LOVENOX) injection (Single Res (Selection Required) | ponse) |
| () enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis |
| () patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis |
| () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, 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: |
| | Mechanical Prophylaxis (Single Response) (Se Required) | election |
| () | Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| () | Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| | DDERATE Risk of DVT - Non-Surgical (Selection of DVT) | on |
| Mo Ph co | oderate Risk Definition | Mechanical prophylaxis is optional unless pharmacologic is |
| CH str Ag | HF, MI, lung disease, pneumonia, active inflamr | mation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome |
| His | story of DVT or family history of VTE story at the stay GREATER than 48 hou | ırs |
| Le | ss than fully and independently ambulatory trogen therapy | |
| Mo | oderate or major surgery (not for cancer) ajor surgery within 3 months of admission | |
| [1 | Moderate Risk (Selection Required) | |
| 11 | , , | Pauting Once PACILS Past on |

| Moderate risk of VTE | Routine, Once, PACU & Post-op |
|--|--|
| Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select | ion |
| Required) | |
| Contraindications exist for pharmacologic prop Order Sequential compression device | ohylaxis - "And" Linked Panel |
|] Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op |
| 1 Place/Maintain sequential compression | Routine, Continuous, PACU & Post-op |

| [] Contraindications exist for pharmacologic prophylaxis Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): | |
|--|------------|
| contraindication(s): | |
| , , | |
| DAOII 0 D = -1 = | |
| PACU & Post-op | |
| [] Contraindications exist for mechanical Routine, Once | |
| prophylaxis No mechanical VTE prophylaxis due to the following | |
| contraindication(s): | |
| PACU & Post-op | |
|) enoxaparin (LOVENOX) injection (Single Response) (Selection Required) | |
| () enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & | Post-op |
| Indication(s): VTE Prophylaxis | . ост ср |
| () patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & | Post-on |
| For Patients with CrCL LESS than 30 mL/min | . оог ор |
| Indication(s): VTE Prophylaxis | |
| () patients weight between 100-139 kg AND 30 mg, subcutaneous, every 12 hours at 0900, 2100, Startin | 2 2 1 |
| CrCl GREATER than 30 mL/min PACU & Post-op | ıy o+ı, |
| For Patients weight between 100-139 kg and CrCl GREATE | D than 3 |
| | .ix than 3 |
| mL/min | |
| Indication(s): VTE Prophylaxis | |
| () patients weight 140 kg or GREATER AND 40 mg, subcutaneous, 2 times daily, Starting S, PACU & Po | |
| CrCl GREATER than 30 mL/min For Patients weight 140 kg or GREATER and CrCl GREATE | = R than . |
| mL/min | |
| Indication(s): VTE Prophylaxis | |
|) fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, PACU & Post-op | |
| If the patient does not have a history of or suspected case of | |
| Heparin-Induced Thrombocytopenia (HIT), do NOT order this | |
| medication. Contraindicated in patients LESS than 50kg, pri | ior to |
| surgery/invasive procedure, or CrCl LESS than 30 mL/min | |
| This patient has a history of or suspected case of Heparin-Inc | duced |
| Thrombocytopenia (HIT): | |
|) heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op | |
|) heparin (porcine) injection (Recommended 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op |) |
| for patients with high risk of bleeding, e.g. Recommended for patients with high risk of bleeding, e.g. we | ight LES |
| weight < 50kg and age > 75yrs) than 50kg and age GREATER than 75yrs. | |
|) HEParin (porcine) injection - For Patients 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op | |
| with weight GREATER than 100 kg. For patients with weight GREATER than 100 kg. | |
|) warfarin (COUMADIN) tablet oral, daily at 1700, PACU & Post-op | |
| Indication: | |
|) Pharmacy consult to manage warfarin STAT, Until discontinued, Starting S | |
| (COUMADIN) Indication: | |
| Mechanical Prophylaxis (Single Response) (Selection | |
| Required) | |
|) Contraindications exist for mechanical Routine, Once | |
| · | diaatia |
| prophylaxis No mechanical VTE prophylaxis due to the following contraine | uication(|
| PACU & Post-op | |
|) Place/Maintain sequential compression Routine, Continuous, PACU & Post-op | |
| device continuous | |
| HIGH Risk of DVT - Surgical (Selection Required) | |
| ligh 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 - Surg | ical Patient |
| (Single Response) (Selection Required) | |
| () Contraindications exist for pharmacologic | Routine, Once |
| prophylaxis | No pharmacologic VTE prophylaxis due to the following |
| | contraindication(s): |
| | PACU & Post-op |
| () Enoxaparin for VTE Prophylaxis (Single Resp | |
| () enoxaparin (LOVENOX) 30 mg Daily at 170 | |
| [] enoxaparin (LOVENOX) injection | 30 mg, subcutaneous, daily at 1700 |
| | Indication(s): |
| () enoxaparin (LOVENOX) 30 mg Every 12 Ho | |
| [] enoxaparin (LOVENOX) injection | 30 mg, subcutaneous, daily at 1700 |
| | Indication(s): |
| () enoxaparin (LOVENOX) 40 mg Daily at 170 | |
| [] enoxaparin (LOVENOX) injection | 40 mg, subcutaneous, daily at 1700 |
| | Indication(s): |
| () enoxaparin (LOVENOX) 40 mg Every 12 Ho | |
| [] 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 | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & |
| for patients with high risk of bleeding, e.g. | Post-op |
| weight < 50kg and age > 75yrs) | Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| () HEParin (porcine) injection - For Patients | 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & |
| with weight GREATER than 100 kg | Post-op |
| With Weight SILATER than 100 kg | For patients with weight GREATER than 100 kg. |
| () warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1, PACU & Post-op |
| () Wallalili (COOMADIN) tablet | Indication: |
| () Pharmacy consult to manage warfarin | STAT, Until discontinued, Starting S |
| (COUMADIN) | Indication: |
| [] Mechanical Prophylaxis (Single Response) (Se | |
| Required) | |
| () Contraindications exist for mechanical | Routine, Once |
| prophylaxis | No mechanical VTE prophylaxis due to the following contraindication(s): |
| , , | PACU & Post-op |
| () Place/Maintain sequential compression | Routine, Continuous, PACU & Post-op |
| device continuous | <u>'</u> |
|) HIGH Risk of DVT - Non-Surgical (Selection Req | uired) |
| High Risk Definition | |
| Both pharmacologic AND mechanical prophylaxis | s must be addressed. |
| One or more of the following medical conditions: | |
| Thrombophilia (Factor V Leiden, prothrombin var | iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C |
| or protein S deficiency; hyperhomocysteinemia; r | nyeloproliferative disorders) |
| Severe fracture of hip, pelvis or leg | |
| Acute spinal cord injury with paresis | |
| Multiple major traumas | |
| Abdominal or pelvic surgery for CANCER | |
| Acute ischemic stroke | |
| History of PE | |
| | |
| [] High Risk (Selection Required) | |
| [] riigirixiak (Odicoliori Kequileu) | |

| I | |
|---|---|
| [] High risk of VTE | Routine, Once, PACU & Post-op |
| [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) | |
| () Contraindications exist for pharmacologic | Routine, Once |
| prophylaxis | No pharmacologic VTE prophylaxis due to the following |
| | contraindication(s): |
| () anavanaria (LO)/ENOV) injection (Single Bear | PACU & Post-op |
| () enoxaparin (LOVENOX) injection (Single Resp (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 | 30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op |
| CrCl GREATER than 30 mL/min | For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| | Indication(s): VTE Prophylaxis |
| () patients weight 140 kg or GREATER AND | 40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op |
| CrCl GREATER than 30 mL/min | For Patients weight 140 kg or GREATER and CrCl GREATER than 30 |
| | mL/min |
| | Indication(s): VTE Prophylaxis |
| () fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, PACU & Post-op |
| | If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. |
| | Contraindicated in patients LESS than 50kg, prior to surgery/invasive |
| | procedure, or CrCl LESS than 30 mL/min. |
| | This patient has a history of or suspected case of Heparin-Induced |
| | Thrombocytopenia (HIT): |
| () heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op |
| () heparin (porcine) injection (Recommended | 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op |
| for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| () HEParin (porcine) injection - For Patients | 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op |
| with weight GREATER than 100 kg | For patients with weight GREATER than 100 kg. |
| () warfarin (COUMADIN) tablet | oral, daily at 1700, PACU & Post-op Indication: |
| () Pharmacy consult to manage warfarin | STAT, Until discontinued, Starting S |
| (COUMADIN) [] Mechanical Prophylaxis (Single Response) (Sel | Indication: |
| Required) | |
| () Contraindications exist for mechanical | Routine, Once |
| prophylaxis | No mechanical VTE prophylaxis due to the following contraindication(s): |
| () Place/Maintain acquertial compression | PACU & Post-op Routine, Continuous, PACU & Post-op |
| () Place/Maintain sequential compression device continuous | Routine, Continuous, PACO & Post-op |
| () HIGH Risk of DVT - Surgical (Hip/Knee) (Selection | 1 |
| Required) | |
| High Risk Definition | |
| Both pharmacologic AND mechanical prophylaxis | must be addressed. |
| One or more of the following medical conditions: | ent mutations, anticardialinin antibody ayadrama; antithrombin protain C |
| or protein S deficiency; hyperhomocysteinemia; m | ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C |
| Severe fracture of hip, pelvis or leg | yolopio ili diative disorders) |
| 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) | |

| [1] High viels of VIII | Dauting Once DACIL® Dagt on |
|--|--|
| [] High risk of VTE[] High Risk Pharmacological Prophylaxis - Hip o | Routine, Once, PACU & Post-op |
| (Arthroplasty) Surgical Patient (Single Respons | |
| (Selection Required) | |
| () Contraindications exist for pharmacologic | Routine, Once |
| prophylaxis | No pharmacologic VTE prophylaxis due to the following |
| | contraindication(s): |
| 7 | PACU & Post-op |
| () aspirin chewable tablet | 162 mg, oral, daily, Starting S+1, PACU & Post-op |
| () aspirin (ECOTRIN) enteric coated tablet | 162 mg, oral, daily, Starting S+1, PACU & Post-op |
| () Apixaban and Pharmacy Consult (Selection R | |
| [] apixaban (ELIQUIS) tablet | 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op |
| 51 Di 166 3 1 1 | Indications: VTE prophylaxis |
| [] Pharmacy consult to monitor apixaban | STAT, Until discontinued, Starting S |
| (ELIQUIS) therapy | Indications: VTE prophylaxis |
| () enoxaparin (LOVENOX) injection (Single Res (Selection Required) | ponse) |
| () enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op |
| <u> </u> | 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 | 30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op |
| Patients with CrCL LESS than 30 mL/min | For Patients with CrCL LESS than 30 mL/min. |
| | Indication(s): VTE Prophylaxis |
| () enoxaparin (LOVENOX) syringe - For | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), |
| Patients weight between 100-139 kg and | Starting S+1, PACU & Post-op |
| CrCl GREATER than 30 mL/min | For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. |
| | Indication(s): VTE Prophylaxis |
| () enoxaparin (LOVENOX) syringe - For | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), |
| Patients weight between 140 kg or | Starting S+1, PACU & Post-op |
| GREATER and CrCl GREATER than 30 | For Patients weight 140 kg or GREATER and CrCl GREATER than 30 |
| mL/min | 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 |
| () han arin (namina) inication | Thrombocytopenia (HIT): |
| () heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op |
| () heparin (porcine) injection (Recommended | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & |
| for patients with high risk of bleeding, e.g. | Post-op |
| weight < 50kg and age > 75yrs) | Recommended for patients with high risk of bleeding, e.g. weight LESS |
| | than 50kg and age GREATER than 75yrs. |
| () HEParin (porcine) injection - For Patients | 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & |
| with weight GREATER than 100 kg | Post-op |
| () B: 1 1 1 1 1 1 1 1 1 1 | For patients with weight GREATER than 100 kg. |
| () Rivaroxaban and Pharmacy Consult (Selectio Required) | n |
| [] rivaroxaban (XARELTO) tablet for hip or | 10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op |
| knee arthroplasty planned during this admission | Indications: VTE prophylaxis |
| [] Pharmacy consult to monitor rivaroxaban | STAT, Until discontinued, Starting S |
| (XARELTO) therapy | Indications: VTE prophylaxis |
| () warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1, PACU & Post-op |
| | Indication: |
| () Pharmacy consult to manage warfarin | STAT, Until discontinued, Starting S |
| (COUMADIN) | Indication: |

| Required) () Contraindications exist for mechanical | Routine, Once |
|---|--|
| prophylaxis | No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op |
| () Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op |
| abs | |
| aboratory | |
| Type and screen | |
| Type and screen | Once, PACU & Post-op |
| [] ABO and Rh confirmation | Once, Blood Bank Confirmation Once |
| Hemoglobin and hematocrit | In Recovery room., PACU & Post-op |
| Basic metabolic panel | Once, PACU & Post-op |
| CBC with platelet and differential | Once, PACU & Post-op |
| Partial thromboplastin time | Once, PACU & Post-op |
| Prothrombin time with INR | Once, PACU & Post-op |
| Calcium level | Once, PACU & Post-op |
| Magnesium level | Once, PACU & Post-op |
| Phosphorus level | Once, PACU & Post-op |
| Blood gas, arterial | Once, PACU & Post-op culture Once |
| Urinalysis screen and microscopy, with reflex to | Specimen Source: Urine |
| | Specimen Site: |
| | PACU & Post-op |
| -L - ANA | |
| abs - AM | |
| Basic metabolic panel | AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op |
| CBC with platelet and differential | AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op |
| Partial thromboplastin time Prothrombin time with INR | AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op |
| | Aivi draw, Starting 5+1 For 1 Occurrences, PACO & Post-op |
| abs - AM Daily x 3 | AM drow reports For 2 Oppurropose DACLL® Doct on |
| Hemoglobin | AM draw repeats For 3 Occurrences, PACU & Post-op |
| maging | |
| T | Double of the circuit of Ctarting C at 4,00 AM Ford DACI |
| CT Cervical Spine Wo Contrast | Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACL & Post-op |
| CT Thoracic Spine Wo Contrast | Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACL & Post-op |
| -ray | |
| Chest 1 Vw Portable | Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACL & Post-op |
| Chest 1 Vw Portable in AM | Routine, 1 time imaging, Starting S+1 For 1, PACU & Post-op |
| XR Spine Scoliosis 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 |
| Cervical Spine 2 Or 3 Vw | Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACL & Post-op |

| [X] Oxygen therapy - Simple face mask | Routine, Continuous |
|---|---|
| A Day gon morapy omple race mask | Device: Simple Face Mask |
| | Rate in liters per minute: 6 Lpm |
| | Rate in tenths of a liter per minute: |
| | O2 %: |
| | Titrate to keep O2 Sat Above: 92% |
| | Indications for O2 therapy: Immediate post-op period |
| | Device 2: |
| | Device 3: |
| | Wean prn., PACU & Post-op |
| Incentive spirometry | Routine, Once, PACU & Post-op |
|] Mechanical ventilation | Routine, PACU & Post-op |
| | Mechanical Ventilation: |
| | Vent Management Strategies: Vent Management Strategies: |
| | Vent Management Strategies: |
| | Vent Management Strategies: |
| | Vent Management Strategies: |
| | vont Managoment Ottatogles. |
| Consults | |
| For Physician Consult orders use sidebar | |
| Ancillant Consults | |
| Ancillary Consults | Consult Doggon |
|] Consult to Case Management | Consult Reason: |
| 1. Oanandria Oarlai Wada | PACU & Post-op |
|] Consult to Social Work | Reason for Consult: PACU & Post-op |
| X] Consult PT eval and treat | Reasons for referral to Physical Therapy (mark all applicable |
| , | Post Neuromuscular or Musculoskeletal Surgery Care. |
| | Are there any restrictions for positioning or mobility? |
| | Please provide safe ranges for HR, BP, O2 saturation(if |
| | values are very abnormal): |
| | Weight Bearing Status: |
| | PACU & Post-op |
| Consult PT wound care | Special Instructions: |
| | Location of Wound? |
| | PACU & Post-op |
| X] Consult OT eval and treat | Reason for referral to Occupational Therapy (mark all that |
| | apply): Decline in Activities of Daily Living performance from |
| | baseline (bathing, dressing, toileting, grooming) |
| | Are there any restrictions for positioning or mobility? |
| | Diagram may delegate manager touliby DD 00 activication/if |
| | Please provide safe ranges for HR, BP, O2 saturation(if |
| | values are very abnormal): |
| | values are very abnormal): Weight Bearing Status: |
| 1. Consult to Nutrition Sonices | values are very abnormal): Weight Bearing Status: PACU & Post-op |
|] Consult to Nutrition Services | values are very abnormal): Weight Bearing Status: PACU & Post-op Reason For Consult? |
|] Consult to Nutrition Services | values are very abnormal): Weight Bearing Status: PACU & Post-op Reason For Consult? Purpose/Topic: |
| • | values are very abnormal): Weight Bearing Status: PACU & Post-op Reason For Consult? Purpose/Topic: PACU & Post-op |
| | values are very abnormal): Weight Bearing Status: PACU & Post-op Reason For Consult? Purpose/Topic: |
| Consult to Spiritual Care | values are very abnormal): Weight Bearing Status: PACU & Post-op Reason For Consult? Purpose/Topic: PACU & Post-op Reason for consult? PACU & Post-op Routine, Once |
|] Consult to Spiritual Care | values are very abnormal): Weight Bearing Status: PACU & Post-op Reason For Consult? Purpose/Topic: PACU & Post-op Reason for consult? PACU & Post-op Routine, Once Reason for consult: |
| Consult to Spiritual Care Consult to Speech Language Pathology | values are very abnormal): Weight Bearing Status: PACU & Post-op Reason For Consult? Purpose/Topic: PACU & Post-op Reason for consult? PACU & Post-op Routine, Once Reason for consult: PACU & Post-op |
| Consult to Spiritual Care Consult to Speech Language Pathology | values are very abnormal): Weight Bearing Status: PACU & Post-op Reason For Consult? Purpose/Topic: PACU & Post-op Reason for consult? PACU & Post-op Routine, Once Reason for consult: PACU & Post-op Reason for consult: |
| Consult to Spiritual Care Consult to Speech Language Pathology | values are very abnormal): Weight Bearing Status: PACU & Post-op Reason For Consult? Purpose/Topic: PACU & Post-op Reason for consult? PACU & Post-op Routine, Once Reason for consult: PACU & Post-op Reason for consult: PACU & Post-op Reason for consult: |
| Consult to Spiritual Care Consult to Speech Language Pathology | values are very abnormal): Weight Bearing Status: PACU & Post-op Reason For Consult? Purpose/Topic: PACU & Post-op Reason for consult? PACU & Post-op Routine, Once Reason for consult: PACU & Post-op Reason for consult: PACU & Post-op Reason for consult: Reason for consult: Reason for consult: |
| Consult to Spiritual Care Consult to Speech Language Pathology | values are very abnormal): Weight Bearing Status: PACU & Post-op Reason For Consult? Purpose/Topic: PACU & Post-op Reason for consult? PACU & Post-op Routine, Once Reason for consult: PACU & Post-op Reason for consult: PACU & Post-op Reason for consult: Reason for consult: Reason for consult: Reason for consult: |
| Consult to Spiritual Care Consult to Speech Language Pathology | values are very abnormal): Weight Bearing Status: PACU & Post-op Reason For Consult? Purpose/Topic: PACU & Post-op Reason for consult? PACU & Post-op Routine, Once Reason for consult: PACU & Post-op Reason for consult: PACU & Post-op Reason for consult: Consult for NPWT: |
| Consult to Spiritual Care Consult to Speech Language Pathology | values are very abnormal): Weight Bearing Status: PACU & Post-op Reason For Consult? Purpose/Topic: PACU & Post-op Reason for consult? PACU & Post-op Routine, Once Reason for consult: PACU & Post-op Reason for consult: PACU & Post-op Reason for consult: |
| Consult to Spiritual Care Consult to Speech Language Pathology | values are very abnormal): Weight Bearing Status: PACU & Post-op Reason For Consult? Purpose/Topic: PACU & Post-op Reason for consult? PACU & Post-op Routine, Once Reason for consult: PACU & Post-op Reason for consult: PACU & Post-op Reason for consult: Consult for NPWT: |

| [] Consult to Respiratory Therapy | Reason for Consult? Post neuromuscular or musculoskeletal surgery care PACU & Post-op |
|------------------------------------|---|
| Physician Consults | |
| [X] Consult Intensive Care | Reason for Consult? Decline in ADL performance from baseline Patient/Clinical information communicated? Telephone Patient/clinical information communicated? Telephone PACU & Post-op |
| [] Consult Physical Medicine Rehab | Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? PACU & Post-op |